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Richmond, Virginia

To: Nelson, Bettie

Date: March 3, 2000

From: Lynn E. Larson

Subject: Literature Search for relationship between smoking and selected diseases for African Americans compared to other ethnic groups

Files Searched: MEDLINE 1966 - Present
SciSearch 1990 - Present
Current Contents 1990 - Present

Several searches were conducted on February 26th, 2000 of the MEDLINE, SciSearch and Current Contents database files on DIALOG for information on the relationships between smoking and selected diseases for African Americans compared to other ethnic groups.

The search strategies used were:

S (lung cancer OR chronic(w)obstructive(w)pulmonary(w)disease OR cardiovascular(w)disease) AND smoking AND (race OR ethnic? OR African(w)American? OR Hispanic? OR Caucasian? OR Asian(w)American? OR Pacific(w)Islander? OR Native(w)American? OR American(w)Indian? OR Indian? OR Black? OR White?) AND (United(w)States OR America? OR North(w)America) AND (pattern OR differenc? OR epidemiologic(w)measure? OR relative(w)risk? OR incidence? OR mortality(w)rate? OR histologic type? OR confounder? OR genetic(w)factor? OR diet? OR exercise OR socio(w)economic OR status OR primary(w)care) AND (racial or ethnic)(w)difference? AND (Black? OR African(w)American? OR Black(w)American?)

Careful editing of the results provided approximately 134 unique citations, which are attached. Copies of these articles may be obtained by contacting me.

If I may be of further assistance, please do not hesitate to call 4-3642.

1. Youth Risk Behavior Surveillance--National Alternative High School Youth Risk Behavior Survey, United States, 1998.

Grunbaum JA; Kann L; Kinchen SA; Ross JG; Gowda VR; Collins JL; Kolbe LJ
Division of Adolescent and School Health, National Center for Chronic
Disease Prevention and Health Promotion, CDC, USA.

Mor Mortal Wkly Rep CDC Surveill Summ (UNITED STATES) Oct 29 1999, 48
(7) pl-44, ISSN 0892-3787 Journal Code: NE9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 0001

Subfile: INDEX MEDICUS

PROBLEM/CONDITION: Alternative high schools serve approximately 280,000 students nationwide who are at high risk for failing or dropping out of regular high school or who have been expelled from regular high school because of illegal activity or behavioral problems. Such settings provide important opportunities for delivering health promotion education and services to these youth and young adults. However, before this survey, the prevalence of health-risk behaviors among students attending alternative high schools nationwide was unknown. REPORTING PERIOD: February-May 1998.

DESCRIPTION OF SYSTEM: The Youth Risk Behavior Surveillance System (YRBSS) monitors the following six categories of priority health-risk behaviors among youth and young adults: behaviors that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs) (including human immunodeficiency virus [HIV] infection); unhealthy dietary behaviors; and physical inactivity. The national Alternative High School Youth Risk Behavior Survey (ALT-YRBS) is one component of the YRBSS; it was conducted in 1998 to measure priority health-risk behaviors among students at alternative high schools. The 1998 ALT-YRBS used a three-stage cluster sample design to produce a nationally representative sample of students in grades 9-12 in the United States who attend alternative high schools. The school response rate was 81.0%, and the student response rate was 81.9%, resulting in an overall response rate of 66.3%. This report summarizes results from the 1998 ALT-YRBS.

RESULTS AND INTERPRETATION: In the United States, 73.6% of all deaths among youth and young adults aged 10-24 years results from only four causes--motor vehicle crashes, other unintentional injuries, homicide, and suicide. Results from the 1998 ALT-YRBS demonstrate that many students at alternative high schools engage in behaviors that increase their likelihood of death from these four causes. During the 30 days preceding the survey, 51.9% had ridden with a driver who had been drinking alcohol, 25.1% had driven a vehicle after drinking alcohol, 32.9% had carried a weapon, 64.5% had drunk alcohol, and 53.0% had used marijuana. During the 12 months preceding the survey, 15.7% had attempted suicide, and 29.0% had rarely or never worn a seat belt. Substantial morbidity among school-aged youth and young adults also results from unintended pregnancies and STDs, including HIV infection. ALT-YRBS results indicate that in 1998, a total of 87.8% of students at alternative high schools had had sexual intercourse, 54.1% of sexually active students had not used a condom at last sexual intercourse, and 5.7% had ever injected an illegal drug. Among adults aged > or =25 years, 66.5% of all deaths result from two causes--cardiovascular disease and cancer. Most risk behaviors associated with these causes of death are initiated during adolescence. In 1998, a total of 64.1% of students at alternative high schools had smoked cigarettes during the 30 days preceding the survey, 38.3% had smoked a cigar during the 30 days preceding the survey, 71.2% had not eaten > or =5 servings of fruits and vegetables during the day preceding the survey, and 81.0% had not attended physical education (PE) class daily. Comparing ALT-YRBS results with 1997 national YRBS results demonstrates that the prevalence of most risk behaviors is

higher among students attending alternative high schools compared with students at regular high schools. Some risk behaviors are more common among certain sex and racial/ethnic subgroups of students. PUBLIC HEALTH ACTION: ALT-YRBS data can be used nationwide by health and education officials to improve policies and programs designed to reduce risk behaviors associated with the leading causes of morbidity and mortality among students attending alternative high schools.

Tags: Human

Descriptors: *Adolescent Behavior; *Population Surveillance; *Risk-Taking; *Schools; Adolescence; Exercise; Food Habits; Sampling Studies; Schools--Statistical and Numerical Data--SN; Sex Behavior --Statistical and Numerical Data--SN; Smoking--Epidemiology--EP; Substance-Related Disorders--Epidemiology--EP; United States--Epidemiology--EP; Violence--Statistical and Numerical Data--SN

2. Body-mass index and mortality in a prospective cohort of U.S. adults [see comments]

Calle EE; Thun MJ; Petrelli JM; Rodriguez C; Heath CW Jr
Department of Epidemiology and Surveillance Research, American Cancer Society, Atlanta, GA 30329, USA.

N Engl J Med (UNITED STATES) Oct 7 1999, 341 (15) p1097-105, ISSN 0028-4793 Journal Code: NOW

Comment in N Engl J Med 1999 Oct 7;341(15):1140-1

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9912

Subfile: AIM; INDEX MEDICUS

BACKGROUND: Body-mass index (the weight in kilograms divided by the square of the height in meters) is known to be associated with overall mortality. We investigated the effects of age, race, sex, smoking status, and history of disease on the relation between body-mass index and mortality. METHODS: In a prospective study of more than 1 million adults in the United States (457,785 men and 588,369 women), 201,622 deaths occurred during 14 years of follow-up. We examined the relation between body-mass index and the risk of death from all causes in four subgroups categorized according to smoking status and history of disease. In healthy people who had never smoked, we further examined whether the relation varied according to race, cause of death, or age. The relative risk was used to assess the relation between mortality and body-mass index. RESULTS: The association between body-mass index and the risk of death was substantially modified by smoking status and the presence of disease. In healthy people who had never smoked, the nadir of the curve for body-mass index and mortality was found at a body-mass index of 23.5 to 24.9 in men and 22.0 to 23.4 in women. Among subjects with the highest body-mass indexes, white men and women had a relative risk of death of 2.58 and 2.00, respectively, as compared with those with a body-mass index of 23.5 to 24.9. Black men and women with the highest body-mass indexes had much lower risks of death (1.35 and 1.21), which did not differ significantly from 1.00. A high body-mass index was most predictive of death from cardiovascular disease, especially in men (relative risk, 2.90; 95 percent confidence interval, 2.37 to 3.56). Heavier men and women in all age groups had an increased risk of death. CONCLUSIONS: The risk of death from all causes, cardiovascular disease, cancer, or other diseases increases throughout the range of moderate and severe overweight for both men and women in all age groups. The risk associated with a high body-mass index is greater for whites than for blacks.

Tags: Female; Human; Male

Descriptors: *Body Mass Index; *Mortality; *Obesity--Mortality--MO; Adult; Age Factors; Cardiovascular Diseases--Mortality--MO; Caucasoid Race;

Cause of Death; Multivariate Analysis; Negroid Race; Neoplasms--Mortality--MO; Prospective Studies; Risk; Smoking; United States--Epidemiology--EP

3. Lower pulmonary function and cerebral subclinical abnormalities detected by MRI: the Atherosclerosis Risk in Communities study.

Liao D; Higgins M; Bryan NR; Eigenbrodt ML; Chambliss LE; Lamar V; Burke GL; Heiss G

Department of Health Evaluation Sciences, Penn State University College of Medicine, Hershey 17033, USA. DLiao@psu.edu

Chest (UNITED STATES) Jul 1999, 116 (1) p150-6, ISSN 0012-3692

Journal Code: D1C

Contract/Grant No.: N01-HC-55018, HC, NHLBI; N01-HC-55019, HC, NHLBI; N01-HC-55021, HC, NHLBI; +

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9910

Subfile: AIM; INDEX MEDICUS

STUDY OBJECTIVES: To investigate the association between pulmonary function and (1) cerebral infarction and (2) white matter lesions (WMLs), identified by MRI and believed to represent subclinical lesions of arteriosclerosis, generalized hypoperfusion, or ischemia of the brain.

DESIGN: Population-based, cross-sectional study. **SETTING:** Two communities in the United States. **PARTICIPANTS:** A sample of 1,917 African-American and white men and women 55 to 72 years old who were selected from the second follow-up examination of the Atherosclerosis Risk in Communities Study cohort. **INTERVENTIONS:** Observational study. **MEASUREMENTS AND RESULTS:** The lung function indexes, FEV1 and FVC, were assessed according to American Thoracic Society criteria. Subclinical cerebral infarction and WMLs were assessed by MRI. After adjusting for age, ethnicity, gender, height, and height squared, a 1-SD decrease of FEV1 in nonsmokers was associated with odds ratios (95% confidence interval [CI], 1.31 to 2.03) of 1.63 for infarction and 1.35 (95% CI, 1.08 to 1.69) for WMLs. Of those in the lowest quartile of FEV1, 15% had infarction and WMLs, in contrast to 6% of the individuals in the uppermost quartile of FEV1. Consistent associations were also observed by using FVC as an index of pulmonary function. Similar patterns of association were found among current smokers. The associations were not altered by additional adjustment of conventional risk factors of cardiovascular disease, comorbidity, or cognitive function. **CONCLUSION:** The results from this population-based study suggest that lower pulmonary function is associated with subclinical cerebral abnormalities.

Tags: Female; Human; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.

Descriptors: *Cerebral Arteriosclerosis--Diagnosis--DI; *Cerebral Infarction--Diagnosis--DI; *Lung--Physiopathology--PP; *Magnetic Resonance Imaging; Brain--Pathology--PA; Cerebral Arteriosclerosis--Physiopathology--PP; Cerebral Infarction--Physiopathology--PP; Cross-Sectional Studies; Lung--Pathology--PA; Middle Age; Respiratory Function Tests; Smoking--Pathology--PA; Smoking--Physiopathology--PP

4. Rising tide of cardiovascular disease in American Indians. The Strong Heart Study.

Howard BV; Lee ET; Cowan LD; Devereux RB; Galloway JM; Go OT; Howard WJ; Rhoades ER; Robbins DC; Sievers ML; Welty TK

Medlantic Research Institute and Washington Hospital Center, Washington, DC, USA. bvhl@mhc.edu

Circulation (UNITED STATES) May 11 1999, 99 (18) p2389-95, ISSN 0009-7322 Journal Code: DAW

Contract/Grant No.: U01-HL-41642, HL, NHLBI; U01HL-41652, HL, NHLBI;
UL01HL-41654, HL, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9907

Subfile: AIM; INDEX MEDICUS

BACKGROUND: Although cardiovascular disease (CVD) used to be rare among American Indians, Indian Health Service data suggest that CVD mortality rates vary greatly among American Indian communities and appear to be increasing. The Strong Heart Study was initiated to investigate CVD and its risk factors in American Indians in 13 communities in Arizona, Oklahoma, and South/North Dakota. METHODS AND RESULTS: A total of 4549 participants (1846 men and 2703 women 45 to 74 years old) who were seen at the baseline (1989 to 1991) examination were subjected to surveillance (average 4.2 years, 1991 to 1995), and 88% of those remaining alive underwent a second examination (1993 to 1995). The medical records of all participants were exhaustively reviewed to ascertain nonfatal cardiovascular events that occurred since the baseline examination or to definitively determine cause of death. CVD morbidity and mortality rates were higher in men than in women and were similar in the 3 geographic areas. Coronary heart disease (CHD) incidence rates among American Indian men and women were almost 2-fold higher than those in the Atherosclerosis Risk in Communities Study. Significant independent predictors of CVD in women were diabetes, age, obesity (inverse), LDL cholesterol, albuminuria, triglycerides, and hypertension. In men, diabetes, age, LDL cholesterol, albuminuria, and hypertension were independent predictors of CVD. CONCLUSIONS: At present, CHD rates in American Indians exceed rates in other US populations and may more often be fatal. Unlike other ethnic groups, American Indians appear to have an increasing incidence of CHD, possibly related to the high prevalence of diabetes. In the general US population, the rising prevalence of obesity and diabetes may reverse the decline in CVD death rates. Therefore, aggressive programs to control diabetes and its risk factors are needed.

Tags: Comparative Study; Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Cardiovascular Diseases--Ethnology--EH; *Indians, North American; Aged; Albuminuria--Epidemiology--EP; Arizona--Epidemiology--EP; Cardiovascular Diseases--Mortality--MO; Cause of Death; Cohort Studies; Comorbidity; Coronary Disease--Ethnology--EH; Coronary Disease--Mortality--MO; Diabetes Mellitus--Epidemiology--EP; Hyperlipidemia--Epidemiology--EP; Hypertension--Epidemiology--EP; Incidence; Lipoproteins, LDL Cholesterol--Blood--BL; Middle Age; Morbidity--Trends--TD; North Dakota--Epidemiology--EP; Obesity--Epidemiology--EP; Oklahoma--Epidemiology--EP; Population Surveillance; Prospective Studies; Risk Factors; Sex Factors; Smoking--Epidemiology--EP; South Dakota--Epidemiology--EP

CAS Registry No.: 0 (Lipoproteins, LDL Cholesterol)

5. The prevention of cardiovascular disease in blacks.

Ofili E; Igbo-Pemu P; Bransford T

Section of Cardiology, Morehouse School of Medicine, Atlanta, GA 30310-1495, USA.

Curr Opin Cardiol (UNITED STATES) Mar 1999, 14 (2) p169-75, ISSN 0268-4705 Journal Code: BDA

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

JOURNAL ANNOUNCEMENT: 9907

Subfile: INDEX MEDICUS

Cardiovascular disease (CVD) in black patients involves a complex interplay of risk, geographic, socioeconomic, and cultural factors. Modifiable risk factors such as high blood pressure, diabetes, cigarette

smoking, high blood cholesterol, and physical inactivity contribute to the excess CVD mortality and morbidity in blacks. Health perceptions, health care seeking behavior, and willingness to submit to long-term preventive therapies are significantly influenced by cultural and socioeconomic factors. Early detection and control of these risk factors are particularly important because blacks tend to have multiple cardiovascular risks. The importance of churches and religious organizations in the black community should be harnessed by long-term strategies of CVD prevention. Emphasis on training of minority health care professionals who are most likely to practice in medically underserved areas should involve minority health professional schools. In the final analysis, CVD prevention in blacks should focus on control of risk factors; however, the role of environmental factors should be recognized, including socioeconomic status on access to health care and prevention. Long-term strategies of CVD prevention must involve active collaboration of health care providers and researchers to develop and test effective strategies. Churches and other religious organizations are effective but underutilized partners in CVD prevention in blacks. (38 Refs.)

Tags: Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, Non-P.H.S.

Descriptors: *Cardiovascular Diseases--Prevention and Control--PC; *Negroid Race; Cardiovascular Diseases--Ethnology--EH; Physician-Patient Relations; Religion and Medicine; Risk Factors; Social Class; United States --Epidemiology--EP

6. Ethnic variation in cardiovascular disease risk factors among children and young adults: findings from the Third National Health and Nutrition Examination Survey, 1988-1994.

Winkleby MA; Robinson TN; Sundquist J; Kraemer HC

Stanford Center for Research in Disease Prevention, Department of Medicine, Stanford University School of Medicine, Palo Alto, Calif 94304-1825, USA. Marilyn.Winkleby@SCRDP.Stanford.edu

JAMA (UNITED STATES) Mar 17 1999, 281 (11) p1006-13, ISSN 0098-7484

Journal Code: KFR

Contract/Grant No.: 1-R03-HL-57100, HL, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9905

Subfile: AIM; INDEX MEDICUS

CONTEXT: Knowledge about ethnic differences in cardiovascular disease (CVD) risk factors among children and young adults from national samples is limited. OBJECTIVE: To evaluate ethnic differences in CVD risk factors, the age at which differences were first apparent, and whether differences remained after accounting for socioeconomic status (SES). DESIGN: Third National Health and Nutrition Examination Survey, 1988-1994. SETTING: Eighty-nine mobile examination centers. PARTICIPANTS: A total of 2769 black, 2854 Mexican American, and 2063 white (non-Hispanic) children and young adults aged 6 to 24 years. MAIN OUTCOME MEASURES: Ethnicity and household level of education (SES) in relation to body mass index (BMI), percentage of energy from dietary fat, cigarette smoking, systolic blood pressure, glycosylated hemoglobin (HbA1c), and non-high-density lipoprotein cholesterol (non-HDL-C [the difference between total cholesterol and HDL-C]). RESULTS: The BMI levels were significantly higher for black and Mexican American girls than for white girls, with ethnic differences evident by the age of 6 to 9 years (a difference of approximately 0.5 BMI units) and widening thereafter (a difference of >2 BMI units among 18- to 24-year-olds). Percentages of energy from dietary fat paralleled these findings and were also significantly higher for black than for white boys. Blood pressure levels were higher for black girls than for white girls in every age group, and glycosylated hemoglobin levels were highest for black

and Mexican American girls and boys in every age group. In contrast, smoking prevalence was highest for white girls and boys, especially for those from low-SES homes (77% of young men and 61% of young women, aged 18-24 years, from low-SES homes were current smokers). All ethnic differences remained significant after accounting for SES and age. CONCLUSION: These findings show strong ethnic differences in CVD risk factors among youths of comparable age and SES from a large national sample. The differences highlight the need for heart disease prevention programs to begin early in childhood and continue throughout young adulthood to reduce the risk of atherosclerosis.

Tags: Female; Human; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.

Descriptors: *Cardiovascular Diseases--Ethnology--EH; Adolescence; Adult; Blacks--Statistical and Numerical Data--SN; Blood Pressure; Body Mass Index ; Child; Energy Intake; Health Surveys; Hemoglobin A, Glycosylated; Linear Models; Lipoproteins, HDL Cholesterol; Mexican Americans--Statistical and Numerical Data--SN; Risk Factors; Smoking; Socioeconomic Factors; United States--Epidemiology--EP; Whites--Statistical and Numerical Data--SN

CAS Registry No.: 0 (Hemoglobin A, Glycosylated); 0 (Lipoproteins, HDL Cholesterol)

7. Cardiovascular disease risk factors and preventive practices among adults--United States, 1994: a behavioral risk factor atlas. Behavioral Risk Factor Surveillance System State Coordinators.

Hahn RA; Heath GW; Chang MH

Division of Prevention Research and Analytic Methods, Epidemiology Program Office, National Center for Chronic Disease Prevention and Health Promotion, USA.

Mor Mortal Wkly Rep CDC Surveill Summ (UNITED STATES) Dec 11 1998, 47 (5) p35-69, ISSN 0892-3787 Journal Code: NE9

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9902

Subfile: INDEX MEDICUS

PROBLEM/CONDITIONS: Cardiovascular disease (CVD), including coronary heart disease (CHD) and stroke, is the leading cause of death in the United States, and state rates of CVD vary by state and by region of the country. Several behavioral risk factors (i.e., overweight, physical inactivity, smoking, hypertension, and diabetes mellitus) and preventive practices (i.e., weight loss and smoking cessation) are associated with the development of CVD and also vary geographically. This summary displays and analyzes geographic variation in the prevalences of selected CVD risk factors. REPORTING PERIOD: 1994 (1992 for prevalence of hypertension). DESCRIPTION OF SYSTEM: The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based random-digit-dialing telephone survey of noninstitutionalized adults aged > or =18 years; 50 states and the District of Columbia participated in BRFSS in 1994, and 48 states and the District of Columbia participated in 1992. METHODS: Several different analyses were conducted: a) analysis of state risk factor and preventive practice prevalences by sex and race (i.e., black and white); b) mapping; c) cluster analysis; d) correlations of state prevalence rates by sex and race; and e) regression of state risk factor prevalences on state CHD and stroke mortality rates. RESULTS: Mapping the prevalence of selected CVD risk factors and preventive health practices indicates substantial geographic variation for black and white men and women, as confirmed by cluster analysis. Data for blacks are limited by small sample size, especially in western states. Geographic clustering is found for physical inactivity, smoking, and risk factor combinations. Risk factor prevalences are generally lower in the West and higher in the East. White men and white

women are more similar in state risk factor rates than other race-sex pairs; white women and black women ranked second in similarity. State prevalences of physical inactivity and hypertension are strongly associated with state mortality rates of CVD. INTERPRETATION: Geographic patterns of risk factor prevalence suggest the presence (or absence) of sociocultural environments that promote (or inhibit) the given risk factor or preventive behavior. Because the risk factors examined in this summary are associated with CVD, further exploration of the reasons underlying observed geographic patterns might be useful. The BRFSS will continue to provide geographic data about cardiovascular health behaviors with a possible emphasis on more data-based small-area analyses and mapping. This will permit states to more adequately monitor trends that affect the burden of CVD in their regions and the United States. Mapping also facilitates the exploration of patterns of morbidity, health-care use, and mortality, as well as the epidemiology of risk factors. Finally, by identifying those segments of the population with high levels of these risk factors and lower levels of the preventive health practices, public health personnel can better allocate resources and target intervention efforts for the prevention of CVD.

Tags: Female; Human; Male

Descriptors: *Cardiovascular Diseases--Epidemiology--EP; *Health Behavior; Adult; Aged; Blacks; Cardiovascular Diseases--Prevention and Control--PC; Diabetes Mellitus; Exercise; Hypertension; Middle Age; Obesity; Prevalence; Risk Factors; Smoking; United States--Epidemiology--EP; Whites

8. The body mass index-mortality relationship in white and African American women.

Stevens J; Plankey MW; Williamson DF; Thun MJ; Rust PF; Palesch Y; O'Neil PM

Department of Nutrition, School of Public Health, University of North Carolina, Chapel Hill 27599, USA.

Obes Res (UNITED STATES) Jul 1998, 6 (4) p268-77, ISSN 1071-7323

Journal Code: CDE

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9901

Subfile: INDEX MEDICUS

OBJECTIVE: To examine the association of body mass index to all-cause and cardiovascular disease (CVD) mortality in white and African American women. RESEARCH METHODS AND PROCEDURES: Women who were members of the American Cancer Society Prevention Study I were examined in 1959 to 1960 and then followed 12 years for vital status. Data for this analysis were from 8,142 black and 100,000 white women. Body mass index (BMI) was calculated from reported height and weight. Associations were examined using Cox proportional hazards modeling with some analyses stratified by smoking (current or never) and educational status (less than complete high school or high school graduate). RESULTS: There was a significant interaction between ethnicity and BMI for both all-cause ($p<0.05$) and CVD mortality ($p<0.001$). BMI (as a continuous variable) was associated with all-cause mortality in white women in all four groups defined by smoking and education. In black women with less than a high school education, there were no significant associations between BMI mortality. For high school-educated black women, there was a significant association between BMI and all-cause mortality. Among never smoking women with at least a high school education, models using the lowest BMI as the reference indicated a 40% higher risk of all-cause mortality at a BMI of 35.9 in black women vs. 27.3 in white women. DISCUSSION: The impact of BMI on mortality was modified by educational level in black women; however, BMI was a less potent risk factor in black women than in white women in the same category of educational status.

Tags: Female; Human; Support, Non-U.S. Gov't
Descriptors: *Blacks--Statistical and Numerical Data--SN; *Body Mass Index; *Mortality; *Whites--Statistical and Numerical Data--SN; Adult; Aged; Cardiovascular Diseases--Mortality--MO; Cerebrovascular Disorders--Mortality--MO; Diabetes Mellitus--Mortality--MO; Educational Status; Middle Age; Neoplasms--Mortality--MO; Proportional Hazards Models; Risk; United States--Epidemiology--EP

412 ✓ 9. Health care access and seven-year change in cigarette smoking. The CARDIA Study.

Kiefe CI; Williams OD; Greenlund KJ; Ulene V; Gardin JM; Raczyński JM
University of Alabama at Birmingham, Division of Preventive Medicine
35205-4785, USA.

Am J Prev Med (NETHERLANDS) Aug 1998, 15 (2) p146-54, ISSN 0749-3797

Journal Code: APL

Contract/Grant No.: N01 HC-48047, HC, NHLBI; N01 HC048048, HC, NHLBI; N01 HC-48049, HC, NHLBI; +

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9901

Subfile: INDEX MEDICUS

OBJECTIVES: To determine associations among health care access, cigarette smoking, and change in cigarette smoking status over 7 years. METHODS: A cohort of 4,086 healthy young adults was followed from 1985-1986 through 1992-1993. Participants were recruited from four urban sites balanced on gender, race (African Americans and whites), education (high school or less, and more than high school), and age (18-23 and 24-30). Outcome measures were smoking status at Year 7, as well as 7-year rates of smoking cessation and initiation. RESULTS: For each of three access barriers reported at Year 7 (lack of health insurance, lack of regular source of medical care, and expense), participants experiencing the barrier had a higher prevalence of smoking, quit smoking less frequently, and started smoking more frequently; e.g., only 15% of participants with health insurance lapses quit smoking over the 7-year period, compared with 26% of those with insurance ($P < 0.001$). Results were similar for each race/gender stratum, and persisted after adjustment for usual markers of socioeconomic status: education, income, employment, and marital status. CONCLUSIONS: Health care access was associated with lower prevalence of smoking and beneficial 7-year changes in smoking, independent of socioeconomic status. The possibility that this is a causal relationship has implications in the prevention of cardiovascular disease, cancer and multiple other smoking-related diseases, and deserves further exploration.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Health Services Accessibility--Statistical and Numerical Data--SN; *Smoking--Epidemiology--EP; Adult; Cross-Sectional Studies; Insurance, Health--Statistical and Numerical Data--SN; Medical Indigency--Statistical and Numerical Data--SN; Prevalence; Prospective Studies; Recurrence; Smoking Cessation--Statistical and Numerical Data--SN; Socioeconomic Factors; Statistics; United States--Epidemiology--EP

10. Ethnic and socioeconomic differences in cardiovascular disease risk factors: findings for women from the Third National Health and Nutrition Examination Survey, 1988-1994.

Winkleby MA; Kraemer HC; Ahn DK; Varady AN
Stanford Center for Research in Disease Prevention, Stanford University
School of Medicine, Palo Alto, Calif 94304, USA.
marilyn.winkleby@scrdp.stanford.edu

JAMA (UNITED STATES) Jul 22-29 1998, 280 (4) p356-62, ISSN 0098-7484

Journal Code: KFR

Contract/Grant No.: 1-R03-HL-57100, HL, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9810

Subfile: AIM; INDEX MEDICUS

CONTEXT: Cardiovascular disease (CVD) risk factors are higher among ethnic minority women than among white women in the United States. However, because ethnic minority women are disproportionately poor, socioeconomic status (SES) may substantially explain these risk factor differences. **OBJECTIVE:** To determine whether differences in CVD risk factors by ethnicity could be attributed to differences in SES. **DESIGN:** Third National Health and Nutrition Examination Survey conducted between 1988 and 1994. **SETTING:** Eighty-nine mobile examination centers. **PARTICIPANTS:** A total of 1762 black, 1481 Mexican American, and 2023 white women, aged 25 to 64 years, who completed both the home questionnaire and medical examination. **MAIN OUTCOME MEASURES:** Ethnicity and years of education (SES) in relation to systolic blood pressure, cigarette smoking, body mass index (BMI, a measure of weight in kilograms divided by the square of height in meters), physical inactivity, non-high-density lipoprotein cholesterol (non-HDL-C [the difference between total cholesterol and HDL-C]), and non-insulin-dependent diabetes mellitus. **RESULTS:** As expected, most CVD risk factors were higher among ethnic minority women than among white women. After adjusting for years of education, highly significant differences in blood pressure, BMI, physical inactivity, and diabetes remained for both black and Mexican American women compared with white women ($P < .001$). In addition, women of lower SES from each of the 3 ethnic groups had significantly higher prevalences of smoking and physical inactivity and higher levels of BMI and non-HDL-C than women of higher SES ($P < .001$). **CONCLUSIONS:** These findings provide the greatest evidence to date of higher CVD risk factors among black and Mexican American women than among white women of comparable SES. The striking differences by both ethnicity and SES underscore the critical need to improve screening, early detection, and treatment of CVD-related conditions for black and Mexican American women, as well as for women of lower SES in all ethnic groups.

Tags: Female; Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.

Descriptors: *Cardiovascular Diseases--Epidemiology--EP; Adult; Blacks; Cardiovascular Diseases--Ethnology--EH; Health Surveys; Linear Models; Matched-Pair Analysis; Mexican Americans; Middle Age; Minority Groups; Risk Factors; Socioeconomic Factors; United States--Epidemiology--EP; Whites

11. Familial history of stroke and stroke risk. The Family Heart Study.

Liao D; Myers R; Hunt S; Shahar E; Paton C; Burke G; Province M; Heiss G
Department of Epidemiology, School of Public Health, University of North Carolina at Chapel Hill 27514, USA. duanping.liao@unc.edu

Stroke (UNITED STATES) Oct 1997, 28 (10) p1908-12, ISSN 0039-2499
Journal Code: V2J

Contract/Grant No.: N01-HC-25107, HC, NHLBI; U01-HC-56563, HC, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE; MULTICENTER STUDY

JOURNAL ANNOUNCEMENT: 9801

Subfile: INDEX MEDICUS

BACKGROUND AND PURPOSE: Although familial history of stroke is generally perceived to be an important marker of stroke risk, very few epidemiological studies have been published to address this hypothesis. We sought to examine whether familial history of stroke is associated with the prevalence of stroke in the Family Heart Study, a National Heart, Lung, and Blood Institute-supported multicenter study of the familial, genetic, and

nongenetic determinants of cardiovascular disease in populations. METHODS: The personal and familial histories of stroke were assessed in 3168 individuals (probands) who were at least 45 years old and 29,325 of their first-degree relatives with the use of a standardized questionnaire. RESULTS: The age-, ethnicity-, and sex-adjusted stroke prevalences were 4.8%, 4.9%, and 3.9% in probands with a positive familial, paternal, and maternal history of stroke, respectively, in comparison with 2.0% in probands without any positive familial history ($P < .01$). The age-, ethnicity-, and sex-adjusted odds ratios (95% confidence interval) of stroke were 2.00 (1.13, 3.54) for a positive paternal and 1.41 (0.80, 2.50) for a positive maternal history of stroke. Additional statistical adjustment for the proband's history of elevated cholesterol level, cigarette smoking status, history of coronary heart disease, hypertension, and diabetes did not alter the associations. A similar pattern was seen for African Americans and European Americans. CONCLUSIONS: The increased risk of stroke among persons with a positive familial history of stroke compared with those without a familial history of stroke is consistent with the expression of genetic susceptibility, a shared environment, or both in the etiology of stroke.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Cerebrovascular Disorders--Genetics--GE; Aged; Blacks; Cerebrovascular Disorders--Ethnology--EH; Cerebrovascular Disorders--Epidemiology--EP; Disease Susceptibility--Genetics--GE; Fathers; Maternal Welfare; Medical Records; Middle Age; Mothers; Odds Ratio; Prevalence; Questionnaires; Risk Factors; Whites

12. Changing smoking patterns and mortality from chronic obstructive pulmonary disease.

Wise RA

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USA. rwise@welchlink.welch.jhu.edu

Prev Med (UNITED STATES) Jul-Aug 1997, 26 (4) p418-21, ISSN 0091-7435
Journal Code: PM4

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

JOURNAL ANNOUNCEMENT: 9712

Subfile: INDEX MEDICUS

Chronic obstructive pulmonary disease (COPD) is the result of many years of accelerated decline in lung function in susceptible cigarette smokers. Although risk factors for the susceptibility of smokers to COPD have been established, there are still large gaps in our knowledge of the biological basis for these risk factors and of how to identify individuals at risk. COPD is the fourth leading cause of death and, in contrast to other major chronic diseases in the United States, has not shown declines in mortality over the past 20 years. Mortality trends reflect patterns of initiation of cigarette smoking that occurred 30 to 50 years previously. Current mortality trends indicate that COPD mortality may be leveling off among white males, but will continue to increase among women, African-Americans, and the elderly. Recent studies indicate that early identification of individuals with airflow obstruction and smoking intervention can halt the progression of COPD, but widespread screening and intervention programs have not yet been established. (23 Refs.)

Tags: Female; Human; Male

Descriptors: *Health Transition; *Lung Diseases, Obstructive--Mortality--MO; *Smoking--Trends--TD; Adult; Aged; Blacks--Statistical and Numerical Data--SN; Cohort Effect; Disease Susceptibility--Epidemiology--EP; Lung Diseases, Obstructive--Etiology--ET; Middle Age; Mortality--Trends--TD; Prevalence; Risk Factors; Sex Distribution; Smoking--Adverse Effects--AE; Smoking--Epidemiology--EP; United States--Epidemiology--EP; Whites

13. Cardiovascular risk factor screening and intervention in African American adults.

Anderson JT; Watson M; Hilleman D
Cardiac Health and Rehabilitation program, St. Thomas Heart Institute, Nashville, TN 37205, USA.

J Health Care Poor Underserved (UNITED STATES) Aug 1997, 8 (3) p322-44
ISSN 1049-2089 Journal Code: A4D

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9711

Subfile: INDEX MEDICUS

The Cardiac Health and Rehabilitation program of St. Thomas Hospital in Nashville, Tennessee, has developed a project to assess the effectiveness of a community-based cardiovascular risk assessment and intervention program directed at African American adults. The specific aim of this program is to assess the feasibility of implementing a community-based cardiovascular disease risk factor reduction program directed at African American adults. Its ultimate goal is to be able to teach African American adults cost-efficient, simple methods of exercise, nutrition, and weight management; smoking cessation; and blood pressure control. The program is expected to raise the African American community's awareness of the importance of modifiable cardiovascular disease risk factors and their effect on cardiac morbidity and mortality. The program is also expected to be able to evaluate the success of cardiovascular disease risk factor intervention and patient satisfaction with the program.

Tags: Female; Human; Male

Descriptors: *Blacks; *Cardiovascular Diseases--Prevention and Control
--PC; *Community Health Planning--Organization and Administration--OG;
*Health Promotion--Organization and Administration--OG; *Hospitals,
Community--Organization and Administration--OG; *Mass Screening
--Organization and Administration--OG; Adolescence; Adult; Aged;
Cardiovascular Diseases--Rehabilitation--RH; Community Health Services;
Middle Age; Pilot Projects; Research Design; Risk Factors; Tennessee

14. Cardiovascular disease in African American and white physicians: the Meharry Cohort and Meharry-Hopkins Cohort Studies.

Thomas J; Thomas DJ; Pearson T; Klag M; Mead L

Meharry Cohort Study, Meharry Medical College, Nashville, TN 37208, USA.

J Health Care Poor Underserved (UNITED STATES) Aug 1997, 8 (3)
p270-83; discussion 284, ISSN 1049-2089 Journal Code: A4D

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9711

Subfile: INDEX MEDICUS

Differences in cardiovascular disease (CVD) were studied in a cohort of medical students from the classes of 1958-65 of Meharry Medical College ($n = 435$), all African Americans, and the classes of 1957-64 of Johns Hopkins University ($n = 580$), all white. At baseline, African Americans were older (27 vs. 24 years, $p = 0.001$), more likely to smoke (71 vs. 47 percent), had greater body mass index (24 vs. 23 kg/m²), and had higher systolic blood pressure (120 vs. 116 mmHg). At follow-up (23-35 years later), African American physicians had higher CVD risk ($RR = 1.65$, 95% CI = 1.3-2.41), higher incidence of coronary artery disease (1.4 times), and much higher case fatality (51.5 vs. 9.4 percent). Risk factor levels in youth can predict CVD events several years later; predictors may differ between racial groups. Best predictors were cigarette smoking, cholesterol, and

paternal history in white physicians, and blood pressure in African American physicians.

Tags: Comparative Study; Female; Human; Male

Descriptors: *Blacks; *Cardiovascular Diseases--Ethnology--EH; *Physicians; *Whites; Adult; Follow-Up Studies; Proportional Hazards Models; Risk Factors; United States--Epidemiology--EP

15. Changes in cardiovascular disease knowledge and behavior in a low-education population of African-American and white adults.

Smith NL; Croft JB; Heath GW; Cokkinides V

Department of Epidemiology, School of Public Health and Community Medicine, University of Washington, Seattle 98195, USA.

Ethn Dis (UNITED STATES) Autumn 1996, 6 (3-4) p244-54, ISSN 1049-510X
Journal Code: BNM

Contract/Grant No.: U50/CCU 402234; U36/CCU 300430-11

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9709

Subfile: INDEX MEDICUS

OBJECTIVE: Racial differences in secular changes in cardiovascular disease risk factor knowledge and behaviors were assessed among adults with low levels of education throughout a community-wide cardiovascular disease prevention program. METHODS: Four independent cross-sectional telephone surveys were conducted with the random-digit-dialing technique in 1987, 1988, 1989, and 1991 in a biracial South Carolina community. Community-wide cardiovascular disease intervention programs were initiated in 1988 and continued through 1990. Changes in the prevalence of cardiovascular risk factor knowledge, dietary fat intake, leisure-time physical activity, smoking, and cholesterol screening behavior were compared between African-American and white respondents in a population subset with less than 12 years of education using analysis of covariance regression techniques. RESULTS: Mean intake of high fat foods was lower in 1991 than in 1987 among both white and African-American respondents; the trend for lower mean intake began in 1989 among African-American adults. Prevalence of the correct exercise knowledge was higher in 1988 than in 1987 for both groups, but this trend was maintained only among white respondents. However, prevalence of leisure-time physical activity did not change significantly between 1987 and 1991. Prevalence of cholesterol level knowledge and screening behavior increased over time among both groups; however, greater increasing trends between 1987 and 1991 were observed among white adults. CONCLUSIONS: Favorable secular changes in fat intake, exercise knowledge, cholesterol level knowledge, and cholesterol screening behavior were observed among both race groups during a time period that coincided with community-wide intervention efforts and messages. Greater changes in most of these behaviors and knowledge were observed among white adults suggesting that health behavior messages may not have reached all segments of this community.

Tags: Comparative Study; Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Blacks; *Cardiovascular Diseases--Prevention and Control--PC; *Educational Status; *Health Behavior--Ethnology--EH; *Knowledge, Attitudes, Practice; *Whites; Adolescence; Adult; Aged; Cross-Sectional Studies; Middle Age; Regression Analysis; Risk Factors; Socioeconomic Factors; South Carolina

16. Trends in cigarette smoking among children in a southern community, 1976-1994: the Bogalusa Heart Study [see comments]

Greenlund KJ; Johnson C; Wattigney W; Bao W; Webber LS; Berenson GS

Tulane Center for Cardiovascular Health, Tulane School of Public Health & Tropical Medicine, New Orleans, Louisiana 70112-2824, USA.

Ann Epidemiol (UNITED STATES) Nov 1996, 6 (6) p476-82, ISSN 1047-2797

Journal Code: BX8

Contract/Grant No.: HL38844, HL, NHLBI

Comment in Ann Epidemiol 1996 Nov;6(6):474-5

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9706

Subfile: INDEX MEDICUS

Cigarette smoking among adolescents continues to be a major public health problem in the United States. Smoking trends from 1976-1977 to 1992-1994 were examined in the Bogalusa Heart Study, an investigation of cardiovascular disease risk factors among black and white, male and female adolescents in a semirural town in the southern United States. Age-race-sex specific chi 2 tests for trends over five survey periods were conducted. In almost every age group, black boys and girls were less likely to be current smokers or to have ever smoked or tried cigarettes, as compared with white boys and girls, respectively ($P < 0.01$). Within age groups, few significant trends in smoking status from 1976-1977 through 1992-1994 were observed among white boys and girls. Among black males and females, however, sharp decreases were observed among all age groups in the prevalence of having ever smoked or tried cigarettes ($P = 0.0001$) and among the older age groups in the prevalence of being a current smoker ($P = 0.0001$). Thus, substantial declines in the prevalence of smoking were observed among black children but not among white children. Further research is required to understand why these ethnic differences in smoking occurred so that public health programs may target further the smoking behaviors in children.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Blacks; *Smoking--Ethnology--EH; *Whites; Adolescence; Age Distribution; Child; Cross-Sectional Studies; Incidence; Louisiana --Epidemiology--EP; Questionnaires; Risk Factors; Sex Distribution; Smoking --Epidemiology--EP

17. Differences between respondents and nonrespondents in a multicenter community-based study vary by gender ethnicity. The Atherosclerosis Risk in Communities (ARIC) Study Investigators.

Jackson R; Chambliss LE; Yang K; Byrne T; Watson R; Folsom A; Shahar E; Kalsbeek W

Department of Community Health, University of Auckland, New Zealand.

J Clin Epidemiol (ENGLAND) Dec 1996, 49 (12) p1441-46, ISSN 0895-4356

Journal Code: JCE

Contract/Grant No.: N01-HC-55019, HC, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE; MULTICENTER STUDY

JOURNAL ANNOUNCEMENT: 9703

Subfile: INDEX MEDICUS

This study provides data on differences between respondents and nonrespondents by gender and ethnicity in a multicenter community-based study that is rarely collected and that may be useful for estimating bias in prevalence estimates in other studies. Demographic, general health, and cardiovascular risk factors were examined in black and white respondents and nonrespondents to the Atherosclerosis Risk in Communities (ARIC) Study, a prospective study investigating cardiovascular risk factors in approximately 16,000 adults that was initiated in 1986 in four U.S. communities. In one of the communities (Jackson, MS) black participants were recruited exclusively; in another (Forsyth County, NC) 12% of the eligible sample were black, whereas the samples in Washington County, MD and the northwestern suburbs of Minneapolis, MN were almost all white. Demographic and health characteristics were collected during a home interview. Subjects who subsequently agreed to complete a clinical

examination were defined as respondents, while eligible participants who only took part in the home interview were considered to be nonrespondents. Approximately 75% of age-eligible individuals (45-64 years) in each community completed the home interview. In three of the communities 86-88% of those who took part in the home interview also completed the clinic examination, whereas only 65% did so in Jackson. Among white participants, response rates were similar in men and women and between communities. Among black participants, the response rates were considerably lower, particularly in men. White male respondents reported a higher socioeconomic status, better general health and a lower prevalence of cardiovascular disease and associated risk factors than white male nonrespondents. The difference between white respondents and nonrespondents were greater for men than women despite similar response rates. Among black participants, respondent/nonrespondent difference were usually of smaller magnitude or absent, particularly in women. General health status and recent hospitalization rates were almost identical in black respondents and nonrespondents. Low response rates can bias estimates of prevalence in community-based studies although differences between respondents and nonrespondents tend to exaggerate real differences between respondents and the eligible population sampled. For example, among white males 25% of respondents and 44% of nonrespondents were current smokers, yet the estimated community prevalence of smoking was 31%. In conclusion, difference observed between respondents and nonrespondents were in the expected direction, but were greater for men than women and for whites than blacks.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Caucasoid Race; *Coronary Arteriosclerosis--Epidemiology--EP; *Health Surveys; *Negroid Race; Bias (Epidemiology); Cardiovascular Diseases--Epidemiology--EP; Ethnic Groups; Health Status; Hospitalization--Statistical and Numerical Data--SN; Middle Age; Prevalence; Probability; Risk Factors; Sex Characteristics; United States--Epidemiology--EP

18. Effects of cigarette smoking, diabetes, high cholesterol, and hypertension on all-cause mortality and cardiovascular disease mortality in Mexican Americans. The San Antonio Heart Study.

Wei M; Mitchell BD; Haffner SM; Stern MP

Department of Medicine, University of Texas Health Science Center at San Antonio 78284, USA.

Am J Epidemiol (UNITED STATES) Dec 1 1996, 144 (11) p1058-65, ISSN 0002-9262 Journal Code: 3H3

Contract/Grant No.: RO1HL24799, HL, NHLBI; R37HL36820, HL, NHLBI; HLO-7446

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9702

Subfile: INDEX MEDICUS

Despite high levels of cardiovascular risk factors, Mexican Americans paradoxically have a lower prevalence of cardiovascular disease. A possible explanation is that conventional cardiovascular risk factors have a lesser impact on this ethnic group. In the present study, a 7- to 8-year follow-up of the San Antonio Heart Study cohort was used to estimate total and cardiovascular disease mortality and their association with baseline risk factors. A total of 2,629 Mexican Americans form the basis of this study, and 1,136 non-Hispanic whites from the same cohort served as the comparison group. The age- and sex-adjusted rates for total death and cardiovascular disease death were somewhat higher in Mexican Americans than non-Hispanic whites (rate ratio for total mortality = 1.4, 95% confidence interval 1.0-2.0; and rate ratio for cardiovascular mortality = 1.3, 95% confidence interval 0.7-2.4). After adjustment for sex, age, and socioeconomic status

in multivariate analyses, current smoking, diabetes, high cholesterol, and hypertension were positively associated with all-cause mortality and cardiovascular disease mortality in Mexican Americans. Overall, these risk factors accounted for 45% of all-cause mortality and 55% of cardiovascular disease mortality in this ethnic group. In comparison, the risk factors accounted for 46% of all-cause mortality and 46% of cardiovascular disease mortality in non-Hispanic whites. The authors conclude that cigarette smoking, diabetes, high cholesterol, and hypertension are important predictors of both all-cause and cardiovascular disease deaths in Mexican Americans. There was no evidence for a diminished effect of these risk factors in Mexican Americans.

Tags: Comparative Study; Female; Human; Male; Support, U.S. Gov't, P.H.S.
Descriptors: *Cardiovascular Diseases--Mortality--MO; *Diabetes Mellitus--Complications--CO; *Hypercholesterolemia--Complications--CO; *Hypertension--Complications--CO; *Mexican Americans--Statistical and Numerical Data--SN; *Smoking--Adverse Effects--AE; Adult; Cardiovascular Diseases--Ethnology--EH; Cardiovascular Diseases--Etiology--ET; Cause of Death; Cohort Studies; Diabetes Mellitus--Ethnology--EH; Hypercholesterolemia--Ethnology--EH; Hypertension--Ethnology--EH; Middle Age; Risk; Risk Factors; Smoking--Ethnology--EH; Whites--Statistical and Numerical Data--SN

19. Hypertension and other cardiovascular disease risk factors among Mexican Americans, Cuban Americans, and Puerto Ricans from the Hispanic Health and Nutrition Examination Survey.

Crespo CJ; Loria CM; Burt VL
National Heart, Lung, and Blood Institute, Office of Prevention, Education, and Control, Bethesda, MD 20892, USA.

Public Health Rep (UNITED STATES) 1996, 111 Suppl 2 p7-10, ISSN 0033-3549 Journal Code: QJA

Languages: ENGLISH
Document type: JOURNAL ARTICLE
JOURNAL ANNOUNCEMENT: 9702
Subfile: AIM; INDEX MEDICUS
DESPITE THEIR HIGHER PREVALENCE of obesity and diabetes, Hispanics have lower or equal rates of hypertension than non-Hispanic whites (1-4). Healthy People 2000 objectives call for increasing the proportion of hypertensive men whose blood pressure is under control to at least 40%. In addition, the objectives recommend reducing the prevalence of overweight to 41% among hypertensive women, and to 35% among hypertensive men (5). The Hispanic Health and Nutrition Examination Survey (HHANES) collected data on Mexican Americans (MA), Cuban Americans (CA), and Puerto Ricans (PR) living in the continental United States. A trained physician measured systolic (SBP) and diastolic (DBP) blood pressure twice in one visit. Our findings provide data to assess baseline estimates for several Healthy People 2000 objectives among Hispanics. Based on criteria from The Fifth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (JNC-V), we found Hispanic women to have higher rates of awareness, treatment, and control of hypertension than men. Only 8% of MA and PR men and 9% of CA men who were hypertensive had their high blood pressure under control. The prevalence of overweight among hypertensive men ranged from 39% to 60%; and among hypertensive women, from 44% to 74%. Hispanic women with six or fewer years of education had higher prevalence of hypertension and other cardiovascular disease (CVD) risk factors. Future research should investigate the socioeconomic factors associated with the presence of these risk factors.

Tags: Comparative Study; Female; Human; Male
Descriptors: *Hispanic Americans; *Hypertension--Ethnology--EH; *Mexican Americans; *Obesity--Ethnology--EH; Adult; Cardiovascular Diseases--Ethnology--EH; Cardiovascular Diseases--Etiology--ET; Cholesterol--Blood

--BL; Cuba--Ethnology--EH; Educational Status; Health Surveys; Hypertension
--Complications--CO; Hypertension--Drug Therapy--DT; Mexico--Ethnology--EH
; Obesity--Complications--CO; Prevalence; Puerto Rico--Ethnology--EH; Risk
Factors; Sex Factors; Smoking--Ethnology--EH; United States--Epidemiology
--EP

CAS Registry No.: 57-88-5 (Cholesterol)

20. Plasma oxidizability in Mexican-Americans and non-Hispanic whites.

Haffner SM; Miettinen H; Stern MP; Agil A; Jialal I
Division of Clinical Epidemiology, Department of Medicine, University of
Texas Health Science Center, San Antonio, USA.

Metabolism (UNITED STATES) Jul 1996, 45 (7) p876-81, ISSN 0026-0495
Journal Code: MUM

Contract/Grant No.: R01 HL24799, HL, NHLBI; R37 HL36820, HL, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9610

Subfile: INDEX MEDICUS

Several lines of evidence support an atherogenic role for oxidized low-density lipoprotein (LDL). Previous studies have suggested that although Mexican-Americans have an increased rate of diabetes, obesity, elevated triglyceride levels, and low high-density lipoprotein (HDL) cholesterol levels, their rates of coronary heart disease (CHD) are similar or possibly lower than in non-Hispanic whites. Mexican-Americans have smaller, denser LDL than non-Hispanic whites. On the basis of this latter observation, we postulated that lipid peroxide (LPO) levels would be increased in Mexican-Americans. We examined the oxidizability of plasma in 50 Mexican-Americans and 50 non-Hispanic whites from the San Antonio Heart Study, a population-based study of diabetes and cardiovascular disease, at baseline and after coincubation with a metal-independent system (2'2'-azobis-2-amidinopropane hydrochloride [AAPH]) and a metal-dependent system (Fe²⁺/H₂O₂) of oxidation. LPO levels were measured by a modified fluorimetric assay. Vitamin E and plasma fatty acid composition were also determined. We found significantly higher LPO levels at baseline and after AAPH coincubation in Mexican-Americans than in non-Hispanic whites (baseline, 2.75 +/- .09 v 2.07 +/- .09 micromol/L, P < .001; post-AAPH, 5.49 +/- .14 v 5.07 +/- .04 micromol/L, P = .037). However, no significant ethnic differences were seen after coincubation with Fe²⁺/H₂O₂. Diabetes and cigarette-smoking were also associated with higher LPO levels. Mexican-Americans also had lower levels of vitamin E (the predominant lipid-soluble antioxidant in plasma) than non-Hispanic whites, although these differences only partially explained the differences in susceptibility to oxidation. Plasma fatty acids were similar in Mexican-Americans and non-Hispanic whites, suggesting only small differences in diet composition. We conclude that LPO levels are higher in Mexican-Americans than in non-Hispanic whites, and that these results are only partially related to differences in vitamin E levels.

Tags: Female; Human; In Vitro; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.

Descriptors: *Lipid Peroxides--Blood--BL; *Mexican Americans; Adult; Antioxidants--Metabolism--ME; Cardiovascular Diseases--Epidemiology--EP; Cardiovascular Diseases--Etiology--ET; Lipid Peroxidation; Middle Age; Oxidative Stress; Risk Factors; Texas--Epidemiology--EP; Whites

CAS Registry No.: 0 (Antioxidants); 0 (Lipid Peroxides)

21. Psychosocial work characteristics and cardiovascular disease risk factors in young adults: the CARDIA study. Coronary Artery Risk Disease in Young Adults.

Greenlund KJ; Liu K; Knox S; McCreath H; Dyer AR; Gardin J
Northwestern University Medical School, Department of Preventive
Medicine, Chicago, IL 60611, USA.
Soc Sci Med (ENGLAND) Sep 1995, 41 (5) p717-23, ISSN 0277-9536
Journal Code: UT9

Contract/Grant No.: N01-HC-48047, HC, NHLBI; N01-HC-48048, HC, NHLBI;
N01-HC-48049, HC, NHLBI; +

Languages: ENGLISH

Document type: JOURNAL ARTICLE; MULTICENTER STUDY

JOURNAL ANNOUNCEMENT: 9603

Subfile: INDEX MEDICUS

The associations of high job demands, low decision latitude and job strain with cardiovascular disease (CVD) risk factors among 2665 black and white working men and women were examined in the Coronary Artery Risk Development in Young Adults study--a large, prospective, multi-center study of the development of CVD risk factors in young adults aged 18-30 years at baseline (1985-1986). Multiple linear and multiple logistic regression were used in cross-sectional analyses to examine the associations of job demands, decision latitude and job strain with blood pressure, total serum cholesterol, alcohol use and cigarette consumption. Inverse associations with risk factors were found for high job demands, low decision latitude and job strain. Few associations supported the hypotheses that high job demands, low decision latitude or job strain are associated with increased levels of CVD risk factors. We discuss possible explanations for these findings, including methodologic, age and gender differences between studies. In addition, we discuss the validity of job strain measures for women and minority workers.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Coronary Disease--Psychology--PX; *Job Satisfaction;
*Occupational Diseases--Psychology--PX; *Stress, Psychological
--Complications--CO; *Workload; Adolescence; Adult; Alcohol Drinking
--Adverse Effects--AE; Alcohol Drinking--Psychology--PX; Cholesterol
--Blood--BL; Coronary Disease--Prevention and Control--PC;
Internal-External Control; Life Style; Occupational Diseases--Prevention
and Control--PC; Organizational Culture; Prospective Studies; Risk Factors;
Smoking--Adverse Effects--AE; Smoking--Psychology--PX; United States

CAS Registry No.: 57-88-5 (Cholesterol)

22. Ethnic variations in the haemostatic system: comparison between Arabs, Westerners (Europeans and Americans), Asians and Africans.

Gader A; Bahakim H; Awadalla S; Malaika S

College of Medicine, King Khalid University Hospital, Riyadh, Saudi Arabia.

Blood Coagul Fibrinolysis (ENGLAND) Sep 1995, 6 (6) p537-42, ISSN
0957-5235 Journal Code: A5J

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9602

Subfile: INDEX MEDICUS

A wide variety of haemostatic variables were measured in healthy male subjects predominantly blood donors residing in Riyadh, the capital city of Saudi Arabia. Subjects were divided according to ethnic origin: Saudi Arabs n = 487, Westerners (Europeans and Americans) n = 300, South East Asians (Koreans and Filipinos) n = 360, and West Africans n = 82. There were no significant differences in prothrombin time, partial thromboplastin time, thrombin time, reptilase time, plasma fibrinogen, antithrombin, plasminogen and platelet count between Saudis, Westerners and Asians. Africans exhibited significantly lower plasma levels of fibrinogen, platelet count and plasminogen than other ethnic groups. Arabs and Africans had higher

levels of FVIII:C and vWF:ristocetin cofactor than Westerners. On the other hand, FX was significantly higher in Westerners than in other ethnic groups. Smokers had higher fibrinogen levels than non-smokers. These variations, which could not be related to blood group distribution, physical parameters of height and weight, may be due to genetic and/or dietary habits. In conclusion, this study established the existence of racially determined variations in haemostatic variables, with Black Africans showing changes consistent with a lesser tendency towards atherosclerosis and cardiovascular disease than other ethnic groups. These variations should be taken into account when investigating the haemostatic system in patients.

Tags: Comparative Study; Human; Male; Support, Non-U.S. Gov't

Descriptors: *Ethnic Groups; *Hemostasis; Adolescence; Adult; Africa; Antithrombin III--Metabolism--ME; Asia; Europe; Fibrinogen--Metabolism--ME; Partial Thromboplastin Time; Plasminogen--Metabolism--ME; Platelet Count; Prothrombin Time; Reptilase; Saudi Arabia; Smoking--Blood--BL; Thrombin Time; United States

CAS Registry No.: 9000-94-6 (Antithrombin III); 9001-32-5 (Fibrinogen); 9001-91-6 (Plasminogen)

Enzyme No.: EC 3.4.21.29 (Reptilase)

23. Emerging issues in lifestyle, social, and environmental interventions to promote behavioral change related to prevention and control of hypertension in the African-American population.

Edwards CH

Howard University, Washington, DC, USA.

J Natl Med Assoc (UNITED STATES) Aug 1995, 87 (8 Suppl) p642-6, ISSN 0027-9684 Journal Code: J9Z

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

JOURNAL ANNOUNCEMENT: 9512

Subfile: INDEX MEDICUS

Prevention of hypertension must play a more prominent role in health care, in the education of young people, and in the public policy arena if we are committed to reduce mortality from cardiovascular disease. Some steps individuals can take to lessen the risk of stroke or coronary heart disease include: If you are obese and hypertensive, you should reduce total calories and lose weight. Substitute olive oil or canola oil for vegetable oils to increase your intake of monounsaturated fatty acids. Try the Mediterranean diet. Start a program of aerobic exercise or increase the amount you are currently doing. Reduce salt intake. Reduce alcohol consumption. Stop smoking. If you have hypertension and tend to overrespond to stress, try relaxation and biofeedback techniques, which according to some studies may produce a modest reduction in blood pressure in some individuals with mild hypertension. Increase the amount of fiber in the diet by increasing the amount of grains, fruit, and vegetables. Have your renin level tested. A "population" approach should be incorporated into medical school curricula to encourage and train caregivers to consider social, cultural, and economic factors affecting patients. Historically black colleges, public and private elementary and secondary schools, and churches can provide leadership in this nation for educating African Americans in the prevention and control of high blood pressure. In conclusion, we already have the information we need from research to close the mortality gap between whites and African Americans in cardiovascular disease. (ABSTRACT TRUNCATED AT 250 WORDS) (2 Refs.)

Tags: Human

Descriptors: *Health Behavior; *Hypertension--Prevention and Control--PC; *Negroid Race; Hazardous Substances--Adverse Effects--AE; Hypertension--Diet Therapy--DH; Life Style; Risk Factors; Stress --Prevention and

Control--PC; United States
CAS Registry No.: 0 (Hazardous Substances)

24. Antithrombin III: associations with age, race, sex and cardiovascular disease risk factors. The Atherosclerosis Risk in Communities (ARIC) Study Investigators.

Conlan MG; Folsom AR; Finch A; Davis CE; Marcucci G; Sorlie P; Wu KK
University of Texas Medical School, Division of Hematology-Oncology,
Houston.

Thromb Haemost (GERMANY) Oct 1994, 72 (4) p551-6, ISSN 0340-6245

Journal Code: VQ7

Contract/Grant No.: N01-HC-55015, HC, NHLBI; N01-HC-55016, HC, NHLBI;
N01-HC-55018, HC, NHLBI; +

Languages: ENGLISH

Document type: JOURNAL ARTICLE; MULTICENTER STUDY

JOURNAL ANNOUNCEMENT: 9506

Subfile: INDEX MEDICUS

Antithrombin III (AT III) is a major inhibitor of blood coagulation, and hereditary deficiency is associated with venous thrombotic disease. The Atherosclerosis Risk in Communities (ARIC) Study, a prospective study of 15,800 middle-aged men and women, measured AT III in its baseline examination. AT III levels were significantly higher in women than men, and in blacks than whites. AT III decreased with age in men but increased with age in women. In age- and race-adjusted analyses, AT III was positively associated with smoking, HDL-cholesterol, triglycerides (men only), and in women, with diabetes and lipoprotein(a). AT III was negatively associated with educational level, body mass index in men, and use of female hormones in women. Most of these associations were confirmed in multivariate analysis. These correlations between AT III and other risk factors must be considered when evaluating AT III as a risk factor for venous or arterial thrombosis.

Tags: Comparative Study; Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Antithrombin III--Analysis--AN; *Atherosclerosis--Epidemiology--EP; *Cardiovascular Diseases--Epidemiology--EP; Age Factors; Alcohol Drinking--Blood--BL; Alcohol Drinking--Epidemiology--EP; Atherosclerosis--Blood--BL; Body Mass Index; Cardiovascular Diseases--Blood--BL; Cohort Studies; Diabetes Mellitus--Blood--BL; Diabetes Mellitus--Epidemiology--EP; Educational Status; Estrogens--Therapeutic Use--TU; Insulin--Blood--BL; Lipids--Blood--BL; Menopause; Middle Age; Physical Fitness; Progesterone--Therapeutic Use--TU; Racial Stocks; Risk Factors; Sex Factors; Smoking--Blood--BL; Smoking--Epidemiology--EP; Socioeconomic Factors; United States--Epidemiology--EP

CAS Registry No.: 0 (Estrogens); 0 (Lipids); 11061-68-0 (Insulin); 57-83-0 (Progesterone); 9000-94-6 (Antithrombin III)

25. Geographic variability in hospital admission rates for respiratory disease among the elderly in the United States.

Morris RD; Munasinghe RL
Division of Epidemiology, Medical College of Wisconsin, Milwaukee 53226.
Chest (UNITED STATES) Oct 1994, 106 (4) p1172-81, ISSN 0012-3692

Journal Code: D1C

Contract/Grant No.: NIEHS PR-251599

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9501

Subfile: AIM; INDEX MEDICUS

BACKGROUND: The elderly represent a susceptible subpopulation that experiences disproportionate levels of morbidity and mortality from respiratory disease. As a consequence, they are frequently hospitalized for these conditions. Evaluating the geographic distributions of these hospital admissions can provide useful insights concerning patterns in incidence and medical care for respiratory diseases. **METHODS:** All hospital admissions for pneumonia, acute respiratory infections, asthma, and chronic obstructive pulmonary disease from the United States for a 6-year period (1984 through 1989) were identified using Medicare admissions records. Age-, race-, and sex-standardized annual admission rates were calculated for each county and spatial clustering of disease specific rates was evaluated using Moran's I statistic. Ecologic analyses were conducted using multiple regression procedures with county-specific measures of average annual temperature, average income, household crowding, median educational level, population density, physicians per capita, and hospital beds per capita together with surrogate measures of cigarette consumption and occupational exposures as predictor variables. **RESULTS:** Hospital admission rates in the elderly for all four categories of respiratory disease showed marked regional elevations ($p < 0.0001$), particularly in the southeast and the northern plains states. Low median education level, low per capita income, and household crowding were all associated with elevated hospital admission rates. Surrogate measures of cigarette consumption were strongly associated with hospital admissions in all four disease groups. Hospital beds per capita demonstrated positive associations with hospital admissions, but the number of physicians per capita exhibited consistent inverse relationships with hospital admissions. **CONCLUSIONS:** Hospital admission rates for respiratory diseases among the elderly show marked geographic variation and are associated with regional indicators of socioeconomic status, availability of medical resources, occupational lung disease rates, and smoking.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Patient Admission--Statistical and Numerical Data--SN; *Respiratory Tract Diseases--Epidemiology--EP; Aged; Aged, 80 and over; Demography; Health Services Accessibility--Statistical and Numerical Data --SN; Incidence; Medicare--Statistical and Numerical Data--SN; Physician's Practice Patterns--Statistical and Numerical Data--SN; Regression Analysis; Smoking--Epidemiology--EP; Socioeconomic Factors; United States --Epidemiology--EP

26. Serum lipoproteins in African Americans and whites with non-insulin-dependent diabetes in the US population.

Cowie CC; Howard BV; Harris MI

Social and Scientific Systems, Inc., Bethesda, Md 20814.

Circulation (UNITED STATES) Sep 1994, 90 (3) p1185-93, ISSN 0009-7322
Journal Code: DAW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9412

Subfile: AIM; INDEX MEDICUS

BACKGROUND: Despite the significant role that dyslipidemia is believed to play in the development of cardiovascular disease in diabetes, most studies examining diabetic dyslipidemia in the United States have not been population based, and very little data are available for African Americans with diabetes. We used data from a national survey to compare the effect of diabetes on lipid concentrations in African-American and white men and women. In addition, we examined other factors related to lipid concentrations and controlled for these factors in our analyses. **METHODS AND RESULTS:** The Second National Health and Nutrition Examination Survey included a representative sample of 4177 African Americans and whites in

the US civilian noninstitutionalized population 20 to 74 years old. These persons were classified as having non-insulin-dependent diabetes mellitus (NIDDM) (n = 720) or as being nondiabetic (n = 3457) based on an oral glucose tolerance test and a medical history of diabetes. Subjects were given an interview and physical examination that included measurement of serum lipoproteins, body mass index, body fat distribution, dietary fat intake, alcohol consumption, frequency of smoking, and use of medications. By univariate analysis, a worse profile of mean cholesterol, triglycerides, and high-density lipoprotein cholesterol levels was generally apparent in NIDDM than in nondiabetic subjects, regardless of race or sex; a similar pattern was found for the prevalence of abnormal concentrations of these lipids. Lipid profiles appeared to be worse in whites with NIDDM than in African Americans. For mean total and low-density lipoprotein cholesterol, concentrations tended to be worse in women with NIDDM than in men. When other factors significantly affecting lipid levels were adjusted by multivariate analysis, we found that in all race/sex groups, total cholesterol was higher in NIDDM than in nondiabetic subjects but differences were not significant ($P = .54$), triglyceride concentrations were significantly higher in NIDDM subjects ($P < .0001$), and high-density lipoprotein cholesterol concentrations were lower in NIDDM subjects ($P = .003$). An interaction of diabetes with race was found for low-density lipoprotein cholesterol ($P = .0001$), where concentrations were substantially lower in NIDDM than in nondiabetic subjects among African Americans ($P < .01$) but slightly higher in NIDDM subjects among whites ($P = .33$). For other lipids, no differential effect of NIDDM was found by race or sex. CONCLUSIONS: In African-American and white men and women in the United States, NIDDM is associated with a pattern of dyslipidemia that may potentiate the atherosclerotic process. Diabetic treatment should include aggressive treatment of dyslipidemia to reduce this increased risk.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Caucasoid Race; *Diabetes Mellitus, Non-Insulin-Dependent--Blood--BL; *Diabetes Mellitus, Non-Insulin-Dependent--Ethnology--EH; *Lipoproteins--Blood--BL; *Negroid Race; Adult; Aged; Diabetes Mellitus, Non-Insulin-Dependent--Physiopathology--PP; Middle Age; Sex Characteristics; United States--Ethnology--EH

CAS Registry No.: 0 (Lipoproteins)

27. Pulmonary function decline and 17-year total mortality: the Honolulu Heart Program.

Rodriguez BL; Masaki K; Burchfiel C; Curb JD; Fong KO; Chyou PH; Marcus EB

Honolulu Heart Program, Kuakini Medical Center, HI 96817.

Am J Epidemiol (UNITED STATES) Sep 1 1994, 140 (5) p398-408, ISSN 0002-9262 Journal Code: 3H3

Contract/Grant No.: N01-HC-05102, HC, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9411

Subfile: INDEX MEDICUS

The Honolulu Heart Program continues to follow a cohort of Japanese-American men initially aged 45-68 years, of whom 4,000 had three acceptable measurements of forced expiratory volume in 1 second (FEV1) between 1965 and 1974 and were free of cardiovascular disease and cancer. The 6-year rate of change (slope) in FEV1 was calculated using a within-person linear regression method. Men were divided into tertiles based on the rate of change in FEV1. During 17 subsequent years of follow-up, 796 deaths occurred. The tertile with the greatest rate of decline in FEV1 (mean, -61 ml/year) had the highest age-adjusted total mortality rate (17.3/1,000 person-years), followed by rates of 13.2 for the

middle tertile (mean, -25 ml/year) and 11.0 for men with the smallest change in FEV1 (mean, +9 ml/year) (test for trend, $p < 0.0001$). Using the Cox model, comparing the tertile with the smallest change in FEV1 as a reference group with the tertile with the greatest decline in FEV1, and after adjusting for age, hypertension, smoking, body mass index, alcohol intake, diabetes mellitus, and cholesterol, the authors found the relative risk (RR) for total mortality to be 1.48 (95% confidence interval (CI) 1.24-1.77). After stratification by smoking status, this association remained significant for past smokers (RR = 1.79, 95% CI 1.31-2.14), as well as for the low, $< \text{or } = 42$ (RR = 1.46, 95% CI 1.05-2.03), and high, > 42 (RR = 1.56, 95% CI 1.20-2.02), pack-year groups. An increased risk was also present for current smokers (RR = 1.29), but it was of borderline significance ($p = 0.08$). No association was found among never smokers. These data suggest that the rate of decline in FEV1 is a predictor of total mortality among smokers.

Tags: Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Forced Expiratory Volume; *Mortality; Aged; Asian Americans; Hawaii--Epidemiology--EP; Japan--Ethnology--EH; Lung--Physiopathology--PP; Middle Age; Population Surveillance; Proportional Hazards Models; Prospective Studies; Risk Factors; Smoking--Mortality--MO; Smoking--Physiopathology--PP

28. Prevalence of cardiovascular and pulmonary diseases and risk factors by region and urbanization in the United States.

Gillum RF

Office of Analysis and Epidemiology, National Center for Health Statistics, Hyattsville, MD 20782.

J Natl Med Assoc (UNITED STATES) Feb 1994, 86 (2) p105-12, ISSN 0027-9684 Journal Code: J9Z

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9408

Subfile: INDEX MEDICUS

Cardiovascular and pulmonary mortality rates vary among US regions and places of varying levels of urbanization. Morbidity rarely has been analyzed within regions by urbanization level. Therefore, data from the National Health Interview Survey were examined for geographic patterns for 1983 through 1987. The most consistent finding was high rates of self-reported cardiovascular disease in non-metropolitan areas of the South. Otherwise, geographic variation of rates of self-reported disease prevalence with region and urbanization was not consistent across age and sex groups. Nor did rates consistently parallel patterns reported for mortality, with the exception of high rates in the nonmetropolitan South and relatively low rates in some groups in metropolitan areas outside central cities. Heart disease and ischemic heart disease patterns did not parallel patterns of high blood pressure, smoking, or low education, except for the tendency of all to be high in the nonmetropolitan South. In white men aged 45 to 64, the ischemic heart disease prevalence rate in the nonmetropolitan South was nearly twice that in the West or in the metropolitan Northeast. In blacks, rates of heart disease were lowest in metropolitan areas outside central cities and similar in central cities and nonmetropolitan areas. In the South, a similar pattern was seen in the only region with adequate numbers of nonmetropolitan-dwelling blacks in the sample. In blacks aged 45 to 64, rates of high blood pressure were lowest in metropolitan areas outside central cities and highest in nonmetropolitan areas, with little variation among regions. (ABSTRACT TRUNCATED AT 250 WORDS)

Tags: Female; Human; Male

Descriptors: *Blacks; *Cardiovascular Diseases--Ethnology--EH; *Lung Diseases--Ethnology--EH; *Smoking--Ethnology--EH; *Whites; Age Factors; Cardiovascular Diseases--Etiology--ET; Chronic Disease; Lung Diseases --Etiology--ET; Middle Age; Prevalence; Risk Factors; Sex Factors; Socioeconomic Factors; United States--Epidemiology--EP; Urban Health

29. Social stress and state-to-state differences in smoking and smoking related mortality in the United States.

Colby JP Jr; Linsky AS; Straus MA

Department of Sociology, University of New Hampshire, Durham 03824.

Soc Sci Med (ENGLAND) Jan 1994, 38 (2) p373-81, ISSN 0277-9536

Journal Code: UT9

Contract/Grant No.: T32MH15161, MH, NIMH

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9406

Subfile: INDEX MEDICUS

This paper reports on the relationship between the stressfulness of the social environment, smoking and mortality rates for malignant neoplasms of the respiratory system and chronic obstructive pulmonary disease (COPD). A macro-social approach was employed with the 50 states of the United States serving as the units of analysis. A 'State Stress Index' was computed using stressful events in 15 categories (divorce rate, business failures, natural disasters, etc.). Smoking behavior was measured by percentage smokers and the average cigarette sales per capita. Mortality rates for lung cancer and COPD were standardized by age. The percent population living in metropolitan areas, black, below poverty line, and with less than high school education were included as controls in the multiple regression analysis. The results show that populations that experience higher levels of stressful events smoke more heavily and eventually experience higher mortality from lung cancer and COPD. These relationships are robust: they are replicated for different time periods, for different measures of the independent and dependent variables, and with different analytic methods. The pattern of findings is consistent with a 'health behavior' model of stress in which populations under stress engage in behavior which is extremely inimical to health.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Lung Diseases, Obstructive--Mortality--MO; *Lung Neoplasms --Mortality--MO; *Smoking--Epidemiology--EP; *Smoking--Psychology--PX; *Stress, Psychological--Epidemiology--EP; Aged; Lung Diseases, Obstructive --Etiology--ET; Lung Diseases, Obstructive--Psychology--PX; Lung Neoplasms --Etiology--ET; Lung Neoplasms--Psychology--PX; Middle Age; Smoking --Adverse Effects--AE; Smoking--Mortality--MO; United States--Epidemiology --EP

30. Decreasing cardiovascular disease and increasing cancer among whites in the United States from 1973 through 1987. Good news and bad news [see comments]

Davis DL; Dinse GE; Hoel DG

Office of the Assistant Secretary for Health, Department of Health and Human Services, Washington, DC 20201.

JAMA (UNITED STATES) Feb 9 1994, 271 (6) p431-7, ISSN 0098-7484

Journal Code: KFR

Comment in JAMA 1994 Feb 9;271(6):468; Comment in: JAMA 1994 Jul 20;272(3):199; discussion 199-200

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9405

Subfile: AIM; INDEX MEDICUS

OBJECTIVE--Trends in cancer mortality, cardiovascular mortality, and cancer incidence are assessed among US whites to determine whether aging of the population and smoking patterns completely account for increased cancer rates from 1973 through 1987. DESIGN--For mortality, percentage changes in age-specific rates were calculated. For cancer incidence, trends in age-specific rates across time periods and birth cohorts were assessed for several sites. MAIN OUTCOME MEASURES--National US cardiovascular and cancer mortality rates and incidence rates for smoking-related cancer, breast cancer, and all other types of cancer in 10% of the US population covered by the National Cancer Institute's Surveillance, Epidemiology, and End Results Program were analyzed. RESULTS--From 1973 through 1987, cardiovascular mortality decreased 42% in the age group 0 to 54 years and decreased 33% in the age group 55 to 84 years; concurrently, cancer mortality decreased 17% in the younger group but increased 12% in the older group. By 1987, even though proportionally fewer people in the older age groups died, relatively more of them died of cancer. Men born in the 1940s had twice as much cancer as those born in 1888 through 1897 and more than twice as much cancer not linked to smoking; women born during this period had 50% and 30% more of these same cancers, respectively. Rates of smoking-related cancers in recent cohorts of women were five to six times greater than in those born in 1888 through 1897, while rates in men declined. Recent cohorts of women also had more than twice as much breast cancer as those born in 1888 through 1897. CONCLUSIONS--In recent US birth cohorts, our model found that increases in cancer have occurred that are not solely linked to aging of the population and smoking patterns. In light of these results and similar findings in Sweden, changes in carcinogenic hazards in addition to smoking are likely to have occurred and need to be studied further.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Cardiovascular Diseases--Epidemiology--EP; *Neoplasms--Epidemiology--EP; Adolescence; Adult; Age Factors; Aged; Aged, 80 and over; Caucasoid Race; Child; Child, Preschool; Incidence; Infant; Middle Age; Mortality--Trends--TD; Population Surveillance; Smoking; Time Factors; United States--Epidemiology--EP

31. Black-white comparisons of 20-year coronary heart disease mortality in the Evans County Heart Study.

Hames CG; Rose K; Knowles M; Davis CE; Tyroler HA

Evans County Heart Research, Claxton, Ga.

Cardiology (SWITZERLAND) 1993, 82 (2-3) p122-36, ISSN 0008-6312

Journal Code: COI

Contract/Grant No.: 2-R01-ML03341; R01 HL31397, HL, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9310

Subfile: INDEX MEDICUS

The Evans County Heart Study was initiated to compare the epidemiology of coronary heart disease (CHD) of black and white residents of a southeastern United States community. The study was prompted by a clinical observation that CHD appeared to be less frequent in black than white patients, despite a much higher prevalence and greater severity of hypertension in blacks. A total community-based, closed cohort study was initiated with a prevalence survey in 1960-1962. The 20-year follow-up experience of the Evans County cohort confirmed the importance of the major risk factors of serum cholesterol, smoking and blood pressure for middle age and older, black and white men and women for CHD, cardiovascular disease (CVD) and all-cause mortality. Black men were less likely to die of CHD than white men, and

this relative protectiveness increased upon adjusting for risk factors and also increased with age. The relative protectiveness of black men for CHD mortality was also reflected in lower black than white CVD and all-cause mortality in men 65 years of age and older.

Tags: Comparative Study; Female; Human; Male; Support, U.S. Gov't, P.H.S.
Descriptors: *Coronary Disease--Mortality--MO; *Cross-Cultural Comparison
; *Negroid Race; Adult; Aged; Caucasoid Race; Cause of Death;
Cerebrovascular Disorders--Blood--BL; Cerebrovascular Disorders--Mortality
--MO; Cholesterol--Blood--BL; Cohort Studies; Coronary Disease--Blood--BL;
Cross-Sectional Studies; Follow-Up Studies; Georgia--Epidemiology--EP;
Hypertension--Blood--BL; Hypertension--Mortality--MO; Incidence; Middle
Age; Smoking--Adverse Effects--AE; Survival Analysis

CAS Registry No.: 57-88-5 (Cholesterol)

32. Cardiovascular disease among American Indians and Alaska Natives:

Welty TK; Coulehan JL
Aberdeen Area Indian Health Service, Rapid City, South Dakota 57702.
Diabetes Care (UNITED STATES) Jan 1993, 16 (1) p277-83, ISSN
0149-5992 Journal Code: EAG

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9304

Subfile: INDEX MEDICUS

OBJECTIVE--To compare the regional differences in cardiovascular disease in AI/AN with the U.S. general population and determine the parity gap and preventable proportion of cardiovascular mortality. RESEARCH DESIGN AND METHODS--Age-adjusted cardiovascular disease mortality rates for 1981-1983 and hospital discharge rates for 1982-1984 reported by the IHS were compared with U.S. data for 1982 and 1983, respectively. RESULTS--Rates of ischemic heart disease and atherosclerosis were found to be generally low among AI/AN although those in the 25- to 44-yr age-group have higher death rates from cardiovascular disease than in the U.S. population. Although the mortality rate from cardiovascular disease in AI/AN is 19% lower than the rate for the general U.S. population, the parity gap in individual regions of the U.S. ranges from favorable to extremely unfavorable. There were also wide variations in the preventable gap theoretically possible by reduction of the three major risk factors. CONCLUSIONS--Changing nutrition and exercise patterns and the increasing prevalence of diabetes in many Indian tribes may have adverse effects in the future, possibly increasing the prevalence of heart disease. Regional differences in the prevalence of some major cardiovascular risk factors (smoking, hypertension, hypercholesterolemia, and diabetes) are the probable explanation for these differences in cardiovascular morbidity and mortality rates. Prevention and treatment of these risk factors will have the greatest impact in attempts to reduce cardiovascular disease among AI/AN. In addition, moderation in the use of alcohol, or abstinence, may prevent sudden deaths resulting from acute intoxication.

Tags: Comparative Study; Human; Support, Non-U.S. Gov't
Descriptors: *Cardiovascular Diseases--Epidemiology--EP; *Eskimos;
*Indians, North American; Adult; Age Factors; Alaska--Epidemiology--EP;
Atherosclerosis--Epidemiology--EP; Cardiovascular Diseases--Mortality--MO;
Cerebrovascular Disorders--Epidemiology--EP; Cerebrovascular Disorders
--Mortality--MO; Myocardial Infarction--Epidemiology--EP; Myocardial
Ischemia--Epidemiology--EP; Myocardial Ischemia--Mortality--MO; United
States--Epidemiology--EP

33. Socioeconomic status and health: how education, income, and occupation contribute to risk factors for cardiovascular disease [see comments]

Winkleby MA; Jatulis DE; Frank E; Fortmann SP
Stanford Center for Research in Disease Prevention, Stanford University
School of Medicine, Palo Alto, CA 94304-1885.

Am J Public Health (UNITED STATES) Jun 1992, 82 (6) p816-20, ISSN
0090-0036 Journal Code: 3XW

Contract/Grant No.: 1R01-HL-21906, HL, NHLBI

Comment in Am J Public Health 1992 Jun;82(6):785-7; Comment in: Am J
Public Health 1993 Feb;83(2):289-90

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9208

Subfile: AIM; INDEX MEDICUS

BACKGROUND. Socioeconomic status (SES) is usually measured by determining education, income, occupation, or a composite of these dimensions. Although education is the most commonly used measure of SES in epidemiological studies, no investigators in the United States have conducted an empirical analysis quantifying the relative impact of each separate dimension of SES on risk factors for disease. **METHODS.** Using data on 2380 participants from the Stanford Five-City Project (85% White, non-Hispanic), we examined the independent contribution of education, income, and occupation to a set of cardiovascular disease risk factors (cigarette smoking, systolic and diastolic blood pressure, and total and high-density lipoprotein cholesterol). **RESULTS.** The relationship between these SES measures and risk factors was strongest and most consistent for education, showing higher risk associated with lower levels of education. Using a forward selection model that allowed for inclusion of all three SES measures after adjustment for age and time of survey, education was the only measure that was significantly associated with the risk factors (P less than .05). **CONCLUSION.** If economics or time dictate that a single parameter of SES be chosen and if the research hypothesis does not dictate otherwise, higher education may be the best SES predictor of good health.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Cardiovascular Diseases--Epidemiology--EP; *Educational Status; *Health Status Indicators; *Income; *Occupations; Adult; Blood Pressure; California--Epidemiology--EP; Cardiovascular Diseases--Blood--BL; Cardiovascular Diseases--Etiology--ET; Cholesterol--Blood--BL; Cross-Sectional Studies; Lipoproteins, HDL Cholesterol--Blood--BL; Middle Age; Predictive Value of Tests; Prevalence; Regression Analysis; Smoking--Adverse Effects--AE; Smoking--Epidemiology--EP; Socioeconomic Factors

CAS Registry No.: 0 (Lipoproteins, HDL Cholesterol); 57-88-5
(Cholesterol)

34. Coronary artery disease in Hispanic Americans. How does ethnic background affect risk factors and mortality rates?

Caralis PV

University of Miami School of Medicine.

Postgrad Med (UNITED STATES) Mar 1992, 91 (4) p179-82, 185-8, 193,
ISSN 0032-5481 Journal Code: PFK

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9206

Subfile: AIM; INDEX MEDICUS

A concerted national effort has reduced cardiovascular mortality rates in the general US population. Unfortunately, not all ethnic groups have benefited equally from these improvements in our national health. The author presents insights into social and clinical factors that affect cardiovascular disease among Hispanic Americans.

Tags: Female; Human; Male

Descriptors: *Coronary Disease--Ethnology--EH; *Hispanic Americans;

Cardiovascular Diseases--Ethnology--EH; Cardiovascular Diseases--Mortality--MO; Coronary Disease--Etiology--ET; Hyperlipidemia--Ethnology--EH; Hypertension--Ethnology--EH; Obesity--Ethnology--EH; Risk Factors; Smoking--Ethnology--EH; Socioeconomic Factors; United States--Epidemiology--EP

35. High prevalence of angina pectoris in Mexican-American men. A population with reduced risk of myocardial infarction.

Mitchell BD; Hazuda HP; Haffner SM; Patterson JK; Stern MP
Department of Medicine, University of Texas Health Science Center at San Antonio 78284-7873.

Ann Epidemiol (UNITED STATES) Aug 1991, 1 (5) p415-26, ISSN 1047-2797
Journal Code: BX8

Contract/Grant No.: NHLBI HL-24799, HL, NHLBI; NHLBI HL-36820, HL, NHLBI; NHLBI HLO-7446

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9404

Subfile: INDEX MEDICUS

Mexican-American men experience lower rates of cardiovascular mortality and have a lower prevalence of nonfatal myocardial infarction than do non-Hispanic white men. To see if this ethnic difference exists for other cardiovascular end points, we compared the prevalence of angina pectoris, as assessed by the Rose Angina Questionnaire, between Mexican Americans ($n = 3272$) and non-Hispanic whites ($n = 1848$) examined in the San Antonio Heart Study, a population-based survey of cardiovascular disease and diabetes conducted in San Antonio, Texas, between 1979 and 1988. Contrary to our expectations, angina prevalence was approximately twice as high in Mexican Americans as in non-Hispanic whites, with age-adjusted odds ratios of 2.01 (95% confidence interval (CI), 1.13 to 3.58; $P = .02$) in men and 1.84 (95% CI, 1.26 to 2.70; $P = .001$) in women. After controlling for age, body mass index, diabetes status, cigarette smoking, and educational level by logistic regression analysis, angina prevalence remained statistically associated with Mexican American ethnicity in men, but not women. There was little ethnic difference in the proportion of Mexican-American and non-Hispanic white subjects who reported nonspecific chest pain (chest pain not meeting the Rose criteria), suggesting that the ethnic difference in angina prevalence was not an artifact of reporting bias. This was further supported by the fact that the conventional cardiovascular risk factors were more strongly associated with angina prevalence in Mexican Americans than in non-Hispanic whites. These data suggest that Mexican-American men experience high rates of angina despite low rates of myocardial infarction. Future studies should investigate ethnic factors that may have differential effects on the various manifestations of coronary heart disease.

Tags: Comparative Study; Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Mexican Americans; *Myocardial Infarction--Epidemiology--EP; Adult; Aged; Angina Pectoris--Epidemiology--EP; Caucasoid Race; Electrocardiography; Mexico--Ethnology--EH; Middle Age; Risk Factors; Severity of Illness Index; Texas

36. Independent associations of educational attainment and ethnicity with behavioral risk factors for cardiovascular disease.

Shea S; Stein AD; Basch CE; Lantigua R; Maylahn C; Strogatz DS; Novick L
Department of Medicine, Columbia University College of Physicians and Surgeons, New York, NY.

Am J Epidemiol (UNITED STATES) Sep 15 1991, 134 (6) p567-82, ISSN 0002-9262
Journal Code: 3H3

Contract/Grant No.: HL35189, HL, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9202

Subfile: INDEX MEDICUS

The authors examined the independent associations of educational attainment and ethnicity with behavioral risk factors for cardiovascular disease using data from the 1989 baseline survey for the New York State Healthy Heart Program. This telephone survey used the Centers for Disease Control Behavioral Risk Factor Survey interview instrument and was conducted in eight communities (total population, approximately 1.24 million people) in New York State. The response rate was 65.5% (n = 4,179); 3,606 subjects aged 20-64 years with self-described ethnicity of white (n = 1,935), black (n = 1,035), or Hispanic (n = 636) and of known educational status were retained in the analysis. After adjustment for age, sex, and ethnicity, significant associations were found between educational attainment and smoking, lack of regular exercise, overweight, diet atherogenicity, and knowledge about blood pressure and cholesterol. After adjustment for age, sex, and educational attainment, associations were found between ethnicity and most of these same variables. Blacks and Hispanics generally had less favorable risk factor profiles. These data indicate that the differences in cardiovascular disease risk profiles between whites and blacks or Hispanics cannot be fully explained by underlying differences in educational attainment. The differing patterns of risk factor distribution by educational attainment within ethnic groups have implications for the segmentation of risk reduction programs.

Tags: Female; Human; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.

Descriptors: *Cardiovascular Diseases--Etiology--ET; *Educational Status; *Health Behavior; Adult; Blacks; Blood Pressure; Cardiovascular Diseases --Etiology--EH; Cholesterol--Blood--BL; Exercise; Hispanic Americans; Knowledge, Attitudes, Practice; Middle Age; New York; Obesity --Complications--CO; Risk Factors; Smoking--Adverse Effects--AE

CAS Registry No.: 57-88-5 (Cholesterol)

37. Cardiovascular disease in women: an update.

Hunter SM; Nicklas TA; Srinivasan SR; Berenson GS

Dept of Medicine, LSU School of Medicine, New Orleans.

J La State Med Soc (UNITED STATES) May 1991, 143 (5) p23-30, ISSN 0024-6921 Journal Code: IVK

Contract/Grant No.: R01-HL-38844, HL, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

JOURNAL ANNOUNCEMENT: 9111

Subfile: INDEX MEDICUS

Between the years 1979 and 1981, Louisiana ranked 7th in average annual coronary heart disease (CHD) death rate among white women and 6th among black women, age 35 to 74 years. Nationally, death in women due to CHD is 250,000 deaths per year, mainly in women over 50 years of age. That is approximately one half of all deaths due to heart disease in the United States. Risk factors for CHD in women are those which are shared with men, eg, smoking, hypertension, plasma lipoprotein concentrations, obesity, diabetes, and family history, and those which apply solely to women, eg, contraceptive use, menopause, and postmenopausal hormones. The purpose of this manuscript is to review current knowledge regarding CHD in women. (83 Refs.)

Tags: Female; Human; Support, U.S. Gov't, P.H.S.

Descriptors: *Cause of Death; *Coronary Disease--Mortality--MO; Adult; Aged; Coronary Disease--Etiology--ET; Coronary Disease--Prevention and Control--PC; Cross-Sectional Studies; Incidence; Louisiana--Epidemiology --EP; Middle Age; Risk Factors

38. Reliability of the behavioral risk factor survey in a triethnic population.

Shea S; Stein AD; Lantigua R; Basch CE
Department of Medicine, Columbia University College of Physicians and Surgeons, New York, NY.

Am J Epidemiol (UNITED STATES) Mar 1 1991, 133 (5) p489-500, ISSN 0002-9262 Journal Code: 3H3

Contract/Grant No.: R01-HL35189, HL, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9106

Subfile: INDEX MEDICUS

The Behavioral Risk Factor Survey (BRFS) is a telephone interview used widely by the Centers for Disease Control (CDC) in conjunction with state health departments to measure prevalences and time trends for health-related behaviors. We assessed the reliability of those parts of the BRFS related to cardiovascular disease (smoking, diet, obesity, exercise, and hypertension) and demographics by readministering the BRFS in July and August of 1989 to 145 randomly selected subjects between 10 and 21 days following completion of an initial interview. Sampling and data collection closely followed CDC procedures. The retest samples comprised 49 whites, 43 blacks, and 53 Hispanics living in northern Manhattan in New York City. Group prevalences or means were compared at first and second interviews for six demographic variables and 12 behavioral risk factor variables for the samples as a whole and separately for each ethnic group. All of these comparisons were highly consistent, and none showed a statistically significant difference. At the individual level, Pearson or kappa correlations for 19 questions related to demographics and behavioral risk factors other than diet were greater than or equal to 0.60 (p less than 0.001) for all except routine checkup in the past 2 years (kappa = 0.54; p less than 0.001) and blood pressure measured in the past 2 years (crude concordance, 96%; kappa = 0.23; p less than 0.01). For 17 food items, correlations for frequency of consumption ranged from 0.44 to 0.76 (p less than 0.01). For a composite index of diet "atherogenicity" based on the 17 food items, $r = 0.62$ (p less than 0.001). This test-retest reliability study of the BRFS showed high consistency at the group level and acceptable to high item reliability at the individual level for the parts of the BRFS related to demographics, cardiovascular behavioral risk factors, and a 17-item nutrition module. Findings were generally consistent in all three ethnic groups.

Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.

Descriptors: *Blacks; *Health Behavior--Ethnology--EH; *Hispanic Americans; *Life Style; *Whites; Adult; Data Collection--Methods--MT; Diet; Educational Status; Marriage; New York City; Reproducibility of Results; Risk Factors; Smoking

39. Cigarette smoking and plasma cholesterol.

Muscat JE; Harris RE; Haley NJ; Wynder EL
Division of Epidemiology, American Health Foundation, New York, NY 10021.
Am Heart J (UNITED STATES) Jan 1991, 121 (1 Pt 1) p141-7, ISSN 0002-8703 Journal Code: 3BW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9104

Subfile: AIM; INDEX MEDICUS

Plasma cholesterol levels were determined for 51,723 participants of community-based cholesterol screenings in 10 United States cities during 1988. Among white adult men and women under the age of 60 without other cardiovascular disease risk factors, a dose-response relationship was found between the number of cigarettes smoked per day and increasing levels of plasma cholesterol. In men aged 18 to 60 years, average plasma cholesterol increased by 0.33 mg/dl for each cigarette smoked (p less than 0.001); in women aged 31 to 50 years, average plasma cholesterol increased by 0.48 mg/dl for each cigarette smoked (p less than 0.001). Plasma cholesterol levels among ex-smokers were found to be similar to those of nonsmokers. No association between cigarette smoking and levels of plasma cholesterol was observed in men and women over age 60. Possible mechanisms for this observed relationship include an antiestrogenic effect of cigarette smoking that makes the observation more noticeable in younger female cohorts, enhanced lipolysis that increases levels of plasma free fatty acids, or differences in dietary intake between smokers and nonsmokers.

Tags: Female; Human; Male

Descriptors: *Cholesterol--Blood--BL; *Smoking--Adverse Effects--AE; Adolescence; Adult; Age Factors; Aged; Aged, 80 and over; Mass Screening; Middle Age; Regression Analysis; Sex Factors; Smoking--Blood--BL

CAS Registry No.: 57-88-5 (Cholesterol)

40. The major respiratory diseases of American Indians.

Rhoades ER

Indian Health Service, U.S. Public Health Service, Rockville, Maryland 20857.

Am Rev Respir Dis (UNITED STATES) Mar 1990, 141 (3) p595-600, ISSN 0003-0805 Journal Code: 426

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

JOURNAL ANNOUNCEMENT: 9006

Subfile: AIM; INDEX MEDICUS

The most prominent respiratory diseases of American Indian adults are pneumonia, cancer of the lung, chronic obstructive pulmonary disease (COPD), and tuberculosis. Mortality and hospitalization rates of these diseases were compared with those for the rest of the U.S. population and between Indian groups in the various Indian Health Service Areas. Pneumonia and influenza constitute the sixth leading cause of death among Indians and the fifth leading cause of death among the U.S. All Races population. Chronic obstructive pulmonary disease is the fourth leading cause of death among U.S. All Races, but only the tenth leading cause of death among Indians. Pneumonia and tuberculosis are more significant causes of death and disability for Indians than are COPD and cancer of the lung. The explanation for these differences in mortality rates between Indians and the general population are not known. Respiratory system diseases are responsible for 10.6% of Indian hospitalizations. The most frequent is pneumonia, which accounts for approximately 4% of all Indian hospitalizations. Differences in respiratory diseases between Indian groups are sometimes striking, with a sharp increase in mortality and hospitalization in the Areas across the northern border of the lower 48 states. There is also a much higher prevalence of cigarette smoking in those same Areas. (30 Refs.)

Tags: Female; Human; Male

Descriptors: *Indians, North American; *Respiratory Tract Diseases --Ethnology--EH; Asthma--Ethnology--EH; Cause of Death; Demography; Hospitalization; Lung Diseases, Obstructive--Ethnology--EH; Pneumonia --Ethnology--EH; Respiratory Tract Diseases--Epidemiology--EP; Respiratory

Tract Diseases--Mortality--MO; Smoking--Ethnology--EH; Tuberculosis, Pulmonary--Ethnology--EH; United States--Epidemiology--EP

41. Chronic obstructive pulmonary disease in blacks and whites: mortality and morbidity.

Gillum RF

Office of Analysis and Epidemiology, National Center for Health Statistics, Hyattsville, MD 20782.

J Natl Med Assoc (UNITED STATES) Jun 1990, 82 (6) p417-28, ISSN 0027-9684 Journal Code: J9Z

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9010

Subfile: INDEX MEDICUS

Previous reports cite puzzling racial differences in several indicators of chronic obstructive pulmonary disease (COPD). An extensive review of data from the National Center for Health Statistics and from population-based studies confirmed lower overall COPD but higher asthma mortality in blacks compared with whites, and lower chronic bronchitis and emphysema but similar or higher asthma prevalence in blacks compared with whites. The excess of asthma mortality and hospitalization out of proportion to the excess prevalence in blacks may be due to greater disease severity, poorer outcomes of outpatient treatment in blacks than whites, or both. Further investigations of racial differences may enhance understanding of COPD etiology and prevention. Physicians and public health organizations should vigorously strive for smoking prevention and cessation in blacks and whites.

Tags: Comparative Study; Female; Human; Male

Descriptors: *Caucasoid Race; *Lung Diseases, Obstructive--Epidemiology--EP; *Negroid Race; Adult; Aged; Aged, 80 and over; Health Services--Utilization--UT; Lung Diseases, Obstructive--Mortality--MO; Middle Age; Prevalence; United States--Epidemiology--EP

42. Risk factors for cardiovascular mortality in Mexican Americans and non-Hispanic whites. San Antonio Heart Study.

Mitchell BD; Stern MP; Haffner SM; Hazuda HP; Patterson JK

Department of Medicine, University of Texas Health Science Center, San Antonio.

Am J Epidemiol (UNITED STATES) Mar 1990, 131 (3) p423-33, ISSN 0002-9262 Journal Code: 3H3

Contract/Grant No.: HL-24799, HL, NHLBI; HLO-7446

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9005

Subfile: INDEX MEDICUS

A lower cardiovascular mortality in Mexican-American men than in non-Hispanic white men has been consistently observed. In contrast, no such ethnic difference has been observed in women. To determine whether this sex-ethnicity interaction in mortality is matched by a corresponding sex-ethnicity interaction in cardiovascular risk factors, the authors compared risk factors between 3,301 Mexican Americans and 1,877 non-Hispanic whites from the San Antonio Heart Study, a population-based study of cardiovascular disease and diabetes conducted in San Antonio, Texas (1979-1988). In both men and women, triglycerides, systolic and diastolic blood pressures, and body mass index (weight (kg)/height (m)²) were higher and high-density lipoprotein cholesterol was lower in Mexican Americans than in non-Hispanic whites. Although Mexican-American men were

more likely than non-Hispanic white men to be smokers, Mexican Americans of both sexes smoked, on average, fewer cigarettes per day than non-Hispanic whites. Cardiovascular risk scores, which were constructed from Framingham Study risk equations to summarize the combined effect of multiple risk factors, were higher in Mexican Americans than in non-Hispanic whites of both sexes. The cardiovascular risk profile was less favorable for both Mexican Americans who grew up in Mexico and Mexican Americans who grew up in San Antonio. Although it is possible that in their younger years Mexican Americans had a more favorable cardiovascular risk profile, these results may also indicate that some protective factor, either genetic or life-style, is present in Mexican-American males but absent in non-Hispanic white males.

Tags: Comparative Study; Female; Human; Male; Support, U.S. Gov't, P.H.S.
Descriptors: *Cardiovascular Diseases--Etiology--ET; *Hispanic Americans; Adult; Aged; Body Mass Index; Cardiovascular Diseases--Epidemiology--EP; Cardiovascular Diseases--Mortality--MO; Cholesterol--Blood--BL; Epidemiologic Methods; Mexico--Ethnology--EH; Middle Age; Random Allocation; Risk Factors; Smoking--Adverse Effects--AE; Texas; Triglycerides--Blood--BL

CAS Registry No.: 0 (Triglycerides); 57-88-5 (Cholesterol)

43. Hemostatic variables in Japanese and Caucasian men. Plasma fibrinogen, factor VIIc, factor VIIIc, and von Willebrand factor and their relations to cardiovascular disease risk factors.

Iso H; Folsom AR; Wu KK; Finch A; Munger RG; Sato S; Shimamoto T; Terao A; Komachi Y

Division of Epidemiology, University of Minnesota School of Public Health, Minneapolis.

Am J Epidemiol (UNITED STATES) Nov 1989, 130 (5) p925-34, ISSN 0002-9262 Journal Code: 3H3

Contract/Grant No.: BRSG SO7-RR 055448, RR, NCRR

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9002

Subfile: INDEX MEDICUS

Mortality rates of coronary heart disease are much lower and hemorrhagic stroke rates are higher in Japanese than in Caucasians. To investigate whether population differences in plasma concentrations of coagulation factors are consistent with these mortality differences, the authors examined, in 1987, a total of 136 men aged 34-55 years in four different samples: rural Japanese living in Akita, Japan; urban Japanese living in Osaka, Japan; and Japanese Americans and Caucasian Americans living in Minneapolis-St. Paul, Minnesota. The mean plasma fibrinogen level in Caucasians was 290 mg/dl, which was significantly higher than that in each of the Japanese samples (223-250 mg/dl; test for difference: p less than 0.001). The mean coagulation activities of factor VII and factor VIII (factor VIIc and factor VIIIc) were higher in Caucasian and Japanese Americans than in rural and urban Japanese (p less than 0.01 for factor VIIc and p = 0.03 for factor VIIIc). von Willebrand factor did not differ significantly across the populations. The relations of these coagulation factors with other cardiovascular risk factors (age, body mass index (weight (kg)/height (m)²), blood pressure, serum total cholesterol, serum triglyceride, cigarette smoking, and alcohol intake) were also examined. Mean plasma fibrinogen was consistently higher in current smokers than in nonsmokers within each sample. Factor VIIc and factor VIIIc levels were positively associated with serum total cholesterol and serum triglyceride. No consistent associations were seen between von Willebrand factor and cardiovascular risk factors. After the authors controlled for these covariates, mean fibrinogen and factor VIIc levels remained significantly

different, but factor VIIIC levels did not. Different levels of coagulation factors across these samples are probably attributable to differences in environmental factors, especially diet, as well as genetic differences between Caucasians and Japanese. Furthermore, the differences in plasma fibrinogen and factor VIIc levels may explain part of the difference in mortality from cardiovascular disease across these populations.

Tags: Comparative Study; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Blood Coagulation Factors--Metabolism--ME; *Cardiovascular Diseases--Ethnology--EH; *Caucasoid Race; *Mongoloid Race; von Willebrand Factor--Metabolism--ME; Adult; Asian Americans; Cardiovascular Diseases--Epidemiology--EP; Cardiovascular Diseases--Etiology--ET; Cross-Cultural Comparison; Data Interpretation, Statistical; Factor VII--Metabolism--ME; Factor VIII--Metabolism--ME; Fibrinogen--Metabolism--ME; Japan; Middle Age; Minnesota; Prevalence; Risk Factors

CAS Registry No.: 0 (von Willebrand Factor); 0 (Blood Coagulation Factors); 9001-25-6 (Factor VII); 9001-27-8 (Factor VIII); 9001-32-5 (Fibrinogen)

44. Occurrence, predictors, and consequences of adult asthma in NHANESI and follow-up survey.

McWhorter WP; Polis MA; Kaslow RA

Division of Hematology-Oncology, University of Utah School of Medicine, Salt Lake City 84132.

Am Rev Respir Dis (UNITED STATES) Mar 1989, 139 (3) p721-4, ISSN 0003-0805 Journal Code: 426

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 8906

Subfile: AIM; INDEX MEDICUS

Adult asthma has been the subject of relatively few epidemiologic studies; separation from chronic obstructive pulmonary disease (COPD) has been difficult. Utilizing a cohort of 14,404 subjects, 25 to 74 yr of age, from the First National Health and Nutrition Survey (NHANESI, 1971-75) traced by the NHANESI Epidemiologic Followup Survey (1982-84), we investigated prevalence, incidence, predictors, and consequences of adult asthma. Cases were based on subject reports of active doctor-diagnosed asthma (without COPD). Differentiation of asthma from COPD was partially successful, as suggested by correlations with smoking status and pulmonary symptoms, but was imperfect, as suggested by subsequent hospital experience. Followup interview underestimated interim hospital diagnosis of asthma by 28%. Prevalence of active asthma at NHANESI among U.S. adults was estimated at 2.6%, and followup incidence of new-onset asthma at 2.1/1,000/yr. Low income was the strongest independent predictor of asthma; the higher rates seen in blacks were largely explained by their lower income. Males and females had equal prevalence rates, but females had higher incidence rates. Asthma prevalence and incidence were independent of age and cigarette smoking. Asthmatics were often hospitalized with various lung conditions in the followup period, but unlike those with COPD, did not have a significantly increased risk of death.

Tags: Human

Descriptors: *Asthma--Epidemiology--EP; Adult; Aged; Aged, 80 and over; Asthma--Complications--CO; Asthma--Diagnosis--DI; Diagnosis, Differential; Follow-Up Studies; Forecasting; Health Surveys; Lung Diseases, Obstructive--Complications--CO; Lung Diseases, Obstructive--Diagnosis--DI; Middle Age; National Center for Health Statistics (U.S.); Nutrition Surveys; Regression Analysis; United States

45. Rose Questionnaire angina among United States black, white, and Mexican-American women and men. Prevalence and correlates from The Second National and Hispanic Health and Nutrition Examination Surveys.

LaCroix AZ; Haynes SG; Savage DD; Havlik RJ
National Institute on Aging, Epidemiology, Demography, and Biometry Program, Bethesda, MD 20892.

Am J Epidemiol (UNITED STATES) Apr 1989, 129 (4) p669-86, ISSN 0002-9262 Journal Code: 3H3

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 8906

Subfile: INDEX MEDICUS

The prevalence of Rose Questionnaire angina and its association with coronary heart disease risk factors and manifestations were investigated in representative samples of the US population. The study populations included 1,135 black and 8,323 white subjects aged 25-74 years examined in the Second National Health and Nutrition Examination Survey, 1976-1980, and 2,775 Mexican-American subjects aged 25-74 years examined in the Hispanic Health and Nutrition Examination Survey, Mexican-American portion, 1982-1983. Age-adjusted prevalence rates of Rose angina were similar among black, white, and Mexican-American women (6.8%, 6.3%, and 5.4%, respectively). An excess in the prevalence of Rose angina was observed in women compared with men for white and Mexican-American persons under age 55 years, but not for those over age 55. Electrocardiographic evidence of myocardial infarction and self-reported heart attack were strongly associated with prevalent Rose angina among white men and women aged 55 years and over, but not among those below age 55. Serum cholesterol, body mass index (weight (kg)/height (m)²), current cigarette smoking, and dyspnea were independently associated with an increased risk of prevalent angina in multivariate logistic models for white women, excluding those with a prior heart attack. Because many younger women with chest pain who may consult physicians are likely to have elevations in cardiovascular risk factors, their self-reported chest pain can be used as an opportunity to intervene and reduce their future risk of cardiovascular disease.

Tags: Female; Human; Male

Descriptors: *Angina Pectoris--Epidemiology--EP; Adult; Age Factors; Aged; Angina Pectoris--Ethnology--EH; Blood Pressure; Body Weight; Caucasoid Race; Cholesterol--Blood--BL; Dyspnea--Epidemiology--EP; Educational Status; Health Surveys; Hispanic Americans; Middle Age; Negroid Race; Questionnaires; Risk Factors; Sex Factors; Smoking--Epidemiology--EP; United States

CAS Registry No.: 57-88-5 (Cholesterol)

46. Trends in cardiovascular risk factors in an urban black population, 1973-74 to 1985: the Minnesota Heart Survey.

Folsom AR; Gomez-Marin O; Sprafka JM; Prineas RJ; Edlavitch SA; Gillum RF
Division of Epidemiology, School of Public Health, University of Minnesota, Minneapolis.

Am Heart J (UNITED STATES) Nov 1987, 114 (5) p1199-205, ISSN 0002-8703 Journal Code: 3BW

Contract/Grant No.: R01-23727

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 8802

Subfile: AIM; INDEX MEDICUS

Cardiovascular disease mortality rates have fallen dramatically in blacks in the United States. To determine whether this may be due to a decline in

cardiovascular risk factors, we compared risk factors in a 1985 urban black population, ages 35 to 69, with those obtained in blacks of the same area in 1973-74. Age-adjusted mean body mass and the prevalence of overweight increased significantly over the 12-year period in both men and women. Mean systolic blood pressures declined significantly in both sexes, diastolic blood pressure declined significantly in men, and the proportion of men and women hypertensives on medication and under control increased. The overall prevalence of cigarette smoking changed very little, but the proportion of heavy smokers decreased significantly in men. No significant changes occurred in resting heart rate. Concurrently with these risk factor trends, age-adjusted heart disease mortality rates in area blacks fell 27% between 1968-73 and 1979-84, and stroke mortality fell 58%. Changing risk factors may be contributing to declining cardiovascular mortality rates in blacks. However, overweight seems to be a worsening problem.

Tags: Comparative Study; Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Hypertension--Epidemiology--EP; *Negroid Race; *Urban Population; Adult; Aged; Hypertension--Ethnology--EH; Middle Age; Minnesota; Risk Factors; Smoking

47. Cigarette smoking and coronary heart disease in blacks: comparison to whites in a prospective study.

Garfinkel L

Am Heart J (UNITED STATES) Sep 1984, 108 (3 Pt 2) p802-7, ISSN 0002-8703 Journal Code: 3BW

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 8412

Subfile: AIM; INDEX MEDICUS

The American Cancer Society's prospective study of 1 million Americans was analyzed to determine whether coronary heart disease (CHD) mortality rates by cigarette smoking in blacks differed from those in whites. More than 22,000 blacks were followed up for nearly 200,000 person-years in the 12-year study, 1960-1972. A total of 642 black males and 487 black females who died of CHD at age 40 years and older were included. CHD mortality ratios by number of cigarettes smoked were about the same at given smoking levels in black and white males and were slightly lower in black than in white females. The combined effects of a history of high blood pressure and other cardiovascular disease with smoking elevated the risk of dying of CHD, particularly in persons under age 65 years at the start of the study. In black females under 65 years of age who smoked cigarettes and had a history of these diseases, the CHD rate was 7.3 times higher than in white females who did not smoke and had no history of these diseases. The effect of other smoking variables and of exercise and overweight on the differences in rates between blacks and whites is also discussed.

Tags: Comparative Study; Female; Human; Male

Descriptors: *Blacks; *Coronary Disease--Epidemiology--EP; *Smoking; Adult; Age Factors; Aged; Coronary Disease--Mortality--MO; Follow-Up Studies; Middle Age; Prospective Studies; Whites

48. Title: Cardiovascular pathways: Socioeconomic status and stress effects on hypertension and cardiovascular function

Author(s): Pickering T (REPRINT)

Corporate Source: PRESBYTERIAN HOSP, HYPERTENS CTR, 520 E 70TH ST/NEW YORK//NY/10021 (REPRINT)

, 1999, V896, P262-277

ISSN: 0077-8923 Publication date: 19990000

Publisher: NEW YORK ACADEM SCIENCES, 2 EAST 63RD ST, NEW YORK, NY 10021 ANNALS OF THE NEW YORK ACADEMY OF SCIENCES

Series: ANNALS OF THE NEW YORK ACADEMY OF SCIENCES

Language: English Document Type: ARTICLE

Geographic Location: USA

Journal Subject Category: MULTIDISCIPLINARY SCIENCES

Abstract: In westernized societies there is a consistent and continuous gradient between the prevalence of cardiovascular disease (including both coronary heart disease and stroke) with SES, such that people from lower SES have more disease. Several studies have examined the roles of the major cardiovascular risk factors for explaining this gradient. There is a strong SES gradient for smoking, which parallels the gradient in disease, but the gradients for hypertension and cholesterol are weak or absent. Central obesity and physical inactivity may also be contributory factors. In the United States there is a strong association between SES and race, and it is suggested that the higher prevalence of hypertension and cardiovascular disease in blacks may be attributed to psychosocial factors, including those related to SES. The possible pathways by which SES affects cardiovascular disease include effects of chronic stress mediated by the brain, differences in lifestyles and behavior patterns, and access to health care. At the present time, the second of these is the strongest candidate; the effects of stress have been little studied.

Identifiers--KeyWord Plus(R): CORONARY HEART-DISEASE; BLOOD-PRESSURE; RISK-FACTORS; CAROTID ATHEROSCLEROSIS; MYOCARDIAL-INFARCTION; INSULIN-RESISTANCE; SALIVARY CORTISOL; SKIN COLOR; NEW-YORK; BLACKS

49. Title: Pathways by which SES and ethnicity influence cardiovascular disease risk factors

Author(s): Winkleby MA (REPRINT) ; Cubbin C; Ahn DK; Kraemer HC

Corporate Source: STANFORD UNIV, SCH MED, STANFORD CTR RES DIS PREVENT, 1000 WELCH RD/PALO ALTO//CA/94304 (REPRINT)

, 1999, V896, P191-209

ISSN: 0077-8923 Publication date: 19990000

Publisher: NEW YORK ACADEMY OF SCIENCES, 2 EAST 63RD ST, NEW YORK, NY 10021ANNALS OF THE NEW YORK ACADEMY OF SCIENCES

Series: ANNALS OF THE NEW YORK ACADEMY OF SCIENCES

Language: English Document Type: ARTICLE

Geographic Location: USA

Journal Subject Category: MULTIDISCIPLINARY SCIENCES

Abstract: Little is known about pathways by which socioeconomic status (SES) translates into individual differences in cardiovascular disease (CVD) risk factors. Because the socioeconomic structure is not the same for all ethnic subgroups, the pathways that lead to the development of CVD risk factors may vary by both SES and ethnicity. We used data from a large national survey to examine the independent associations of two indicators of SES (education and income) and ethnicity with six primary CVD risk factors. We then used data on smoking that reflected a temporal sequence to examine the extent to which SES and ethnicity influenced smoking at three different time points, from smoking onset, to a serious quit attempt, to successful quitting. These analyses provide an understanding of the relationships between SES, ethnicity, and CVD risk factors and suggest that if the timing, focus, and content of intervention programs take pathways into account they will result in more successful outcomes.

Identifiers--KeyWord Plus(R): CORONARY HEART-DISEASE; ALL-CAUSE MORTALITY; SOCIOECONOMIC-STATUS; COMMUNITY INTERVENTION; MYOCARDIAL-INFARCTION; SOCIAL INEQUALITIES; MEXICAN-AMERICANS; HEALTH; EDUCATION; SMOKING

50. Title: Social relationships and cardiovascular disease risk factors:

Findings from the third National Health and Nutrition Examination Survey

Author(s): Ford ES (REPRINT) ; Ahluwalia IB; Galuska DA

Corporate Source: CTR DIS CONTROL & PREVENT, NATL CTR CHRON DIS PREVENT & HLTH PROMOT, DIV NUTR & PHYS ACTIV/ATLANTA//GA/30341 (REPRINT); CTR DIS CONTROL & PREVENT, NATL CTR CHRON DIS PREVENT & HLTH PROMOT, DIV REPROD HLTH/ATLANTA//GA/30341

Journal: PREVENTIVE MEDICINE, 2000, V30, N2 (FEB), P83-92

ISSN: 0091-7435 Publication date: 20000200

Publisher: ACADEMIC PRESS INC, 525 B ST, STE 1900, SAN DIEGO, CA 92101-4495

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH; MEDICINE, GENERAL & INTERNAL

Abstract: Objective. Our aim was to study the associations between social relationships and several health behaviors in a national sample of the U.S. population.

Methods. Using data from National Health and Nutrition Examination Survey III, which was conducted from 1988 to 1994, we examined the associations between the frequencies of organizational and individual relationships (derived from factor analysis) and cigarette smoking, not having had a blood pressure check during the preceding 12 months, not having had a cholesterol check, not engaging in physical activity, and eating fruits and vegetables fewer than five times per day among men and women aged 18 years and older.

Results. After adjusting for age, sex, race, educational attainment, marital status, and employment status, increases in organizational relationships were associated with decreases in all five behaviors: significant inverse linear trends were noted only for smoking and physical activity. For individual relationships, significant inverse linear trends were noted for not having a blood pressure check within the previous 12 months, not having had a cholesterol check, and inadequate fruit and vegetable consumption. For physical inactivity, the shape of the relationship approximated a threshold response. For smoking, a significant positive linear trend was present.

Conclusions. These results support findings from previous studies and indicate that social relationships have a beneficial effect on several behaviors that directly or indirectly affect the risk of cardiovascular disease. (C) 2000 American Health Foundation and Academic Press.

Descriptors--Author Keywords: blood pressure ; cholesterol ; diet ; exercise ; health behavior ; preventive health services ; smoking ; social support

Identifiers--KeyWord Plus(R): SMOKING CESSATION PROGRAM; ISCHEMIC-HEART-DISEASE; PHYSICAL-ACTIVITY; BLOOD-PRESSURE; FOLLOW-UP; MEN BORN; ALAMEDA COUNTY; PSYCHOSOCIAL PREDICTORS; LIFE EVENTS; SUPPORT

51. Title: Primordial prevention of cardiovascular disease among African-Americans: A social epidemiological perspective

Author(s): James SA (REPRINT)

Corporate Source: UNIV MICHIGAN,CTR RES ETHN CULTURE & HLTH, SCH PUBL HLTH, 109 S OBSERV, 3072/ANN ARBOR//MI/48109 (REPRINT)

Journal: PREVENTIVE MEDICINE, 1999, V29, N6,2,S (DEC), PS84-S89

ISSN: 0091-7435 Publication date: 19991200

Publisher: ACADEMIC PRESS INC, 525 B ST, STE 1900, SAN DIEGO, CA 92101-4495

Language: English Document Type: ARTICLE
Geographic Location: USA
Subfile: CC CLIN--Current Contents, Clinical Medicine;
Journal Subject Category: PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH;
MEDICINE, GENERAL & INTERNAL

Abstract: Background The primordial prevention of cardiovascular disease (CVD) among African-Americans represents a formidable challenge for public health. This paper discusses the nature of this challenge, highlighting the role that economic and cultural factors play in shaping the distributions of major CVD risk factors among African-Americans. The paper concludes with specific suggestions for research.

Methods, Data from recent national health surveys on black/white differences in major CVD risk factors like hypertension, obesity, cholesterol, cigarette smoking, and physical inactivity were reviewed for the purpose of identifying promising avenues for primordial prevention research among African-Americans.

Results, Cigarette smoking has a delayed onset among African-Americans compared to whites. Black/ white differences in "vigorous" leisure-time physical activity (e.g., social dancing and team sports) are not apparent until around. age 40. These findings have relevance for primordial prevention work in black communities since they suggest the existence of broad-based, health-relevant cultural norms which could support primordial prevention programs, such as regular physical activity, across the life cycle,

Conclusions. CVD primordial prevention programs among african-Americans must be grounded in an understanding of how cultural values as well as economic conditions shape CVD risk factor distributions in this population. Ultimate success will depend on the strength of the partnerships that public health researchers, primary care providers, and community residents are able to build. (C) 1999 American Health Foundation and Academic Press.

Descriptors--Author Keywords: cardiovascular disease ; blacks ; prevention ; physical activity

Identifiers--KeyWord Plus(R): CORONARY HEART-DISEASE; NUTRITION EXAMINATION SURVEY; 3RD NATIONAL-HEALTH; UNITED-STATES; RACIAL-DIFFERENCES; PHYSICAL-ACTIVITY; WHITE WOMEN; US ADULTS; MORTALITY; HYPERTENSION

52. Title: Circulating anti-p53 antibodies in lung cancer and relationship to histology and smoking

Author(s): Li YL; BrandtRauf PW; Carney WP; Tenney DY; Ford JG (REPRINT)
Corporate Source: COLUMBIA UNIV,SCH PUBL HLTH, HARLEM LUNG CTR, 506 LENOX AVE, MLK 12-106/NEW YORK//NY/10037 (REPRINT); COLUMBIA UNIV,SCH PUBL HLTH, HARLEM LUNG CTR/NEW YORK//NY/10037; COLUMBIA UNIV,SCH PUBL HLTH, DIV ENVIRONM HLTH SCI/NEW YORK//NY/10037; COLUMBIA UNIV,SCH PUBL HLTH, DIV ENVIRONM HLTH SCI/NEW YORK//NY/10032; ONCOGENE SCI DIAGNOST,/CAMBRIDGE//MA/02142

Journal: BIOMARKERS, 1999, V4, N5 (SEP-OCT), P381-390

ISSN: 1354-750X Publication date: 19990900

Publisher: TAYLOR & FRANCIS LTD, ONE GUNPOWDER SQUARE, LONDON EC4A 3DE, ENGLAND

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences

Journal Subject Category: BIOTECHNOLOGY & APPLIED MICROBIOLOGY; TOXICOLOGY

Abstract: Anti-p53 antibodies were examined in the plasma of 112 lung cancer patients by ELISA in order to study the distributions in lung

cancer patients and the determinants of these antibodies in relation to lung cancer. Twenty (17.9%) lung cancer patients were found to have anti-p53 antibodies. The distribution of the antibodies by histological type was 7/48 (14.6%) adenocarcinoma, 8/32 (25.0%) squamous cell carcinoma, 3/7 (42.9%) small cell lung cancer, 0/4 large cell carcinoma, 0/8 adenosquamous cell carcinoma and 2/13 (15.4%) other types. By ethnicity, 8/44 (18.2%) Caucasians, 4/20 (20.0%) Hispanics and 8/48 (16.7%) African-Americans were positive for anti-p53 antibodies, with no significant differences among the groups ($p=0.5137$). The antibody positivity rates were higher in lung cancer patients 55 years or older (21.2%) than in the patients under 55 years (7.4%). The positive rates of the antibodies were 14.3% in non-smokers, 16.7% in ex-smokers and 19.1% in current smokers, with heavy smokers (greater than or equal to 41 pack-years) having the highest positive rate (28.6%), but none of these differences were statistically significant ($p>0.05$). Seven controls who had anti-p53 antibodies were all ex-smokers or current smokers and some had occupational exposures. No anti-p53 antibodies were found in 41 non-smoking controls. These results suggest that the development of anti-p53 antibodies in pulmonary carcinogenesis and its association with smoking and other carcinogenic exposures deserve further study.

Descriptors--Author Keywords: lung cancer ; anti-p53 antibody ; histological type ; ethnicity smoking ; pack-year

Identifiers--KeyWord Plus(R): TUMOR-SUPPRESSOR GENE; P53 MUTATIONS; CIGARETTE-SMOKING; IMMUNE-RESPONSE; BREAST-CANCER; SERA; PROTEIN; CARCINOMAS; DISEASE; OVEREXPRESSION

53. Title: Lung cancer epidemiology and genetics

Author(s): Bepler G (REPRINT)

Corporate Source: ROSWELL PK CANC INST,DEPT MED, ELM & CARLTON ST/BUFFALO//NY/14263 (REPRINT)

Journal: JOURNAL OF THORACIC IMAGING, 1999, V14, N4 (OCT), P228-234

ISSN: 0883-5993 Publication date: 19991000

Publisher: LIPPINCOTT WILLIAMS & WILKINS, 227 EAST WASHINGTON SQ, PHILADELPHIA, PA 19106

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: RADIOLOGY, NUCLEAR MEDICINE & MEDICAL IMAGING

Abstract: Lung cancer is the number one cause of cancer death for all citizens of the United States regardless of gender, race, or ethnic background. Surgery, the only curative treatment available, is feasible in only 35% of all patients with lung cancer. But even in this group of patients, most will die of recurrent disease. Treatment advances have been modest at best, and the 5-year survival rate of approximately 15% has not changed appreciably in the past two decades. Population projections indicate a continuation of the lung cancer epidemic among men and a rise among women, in whom rates of smoking have remained relatively high. It is estimated that 90% of all lung cancers are smoking related, and gender, race, and family history are important risk modifiers. Several promising markers of lung cancer susceptibility have recently been identified. However, the relative contribution of individual intrinsic factors (genetic markers, family history, race, gender) on lung cancer susceptibility in the context of complex extrinsic factors (behavior, environmental exposure, socioeconomic status) is unknown and requires further study for more informed screening and primary prevention.

Descriptors--Author Keywords: lung cancer ; risk assessment ; diet ; family history ; susceptibility genes ; gender ; race

Identifiers--KeyWord Plus(R): HEME-BINDING REGION; CIGARETTE-SMOKING; AFRICAN-AMERICANS; UNITED-STATES; OXIDOREDUCTASE POLYMORPHISM; CARDIOVASCULAR-DISEASE; NONSMOKING WOMEN; PASSIVE SMOKING; SEX-DIFFERENCES; CELL-CARCINOMA

54. Title: Global perspective of tobacco habits and lung cancer: a lesson for third world countries

Author(s): Pandey M (REPRINT) ; Mathew A; Nair MK

Corporate Source: MED COLL PO, REG CANC CTR, DEPT SURG ONCOL/TRIVANDRUM 695011/KERALA/INDIA/ (REPRINT); MED COLL PO, REG CANC CTR, DEPT EPIDEMIOL & CLIN RES/TRIVANDRUM 695011/KERALA/INDIA/; MED COLL PO, REG CANC CTR, DEPT RADIOTHERAPY/TRIVANDRUM 695011/KERALA/INDIA/

Journal: EUROPEAN JOURNAL OF CANCER PREVENTION, 1999, V8, N4 (AUG), P 271-279

ISSN: 0959-8278 Publication date: 19990800

Publisher: LIPPINCOTT WILLIAMS & WILKINS, 227 EAST WASHINGTON SQ, PHILADELPHIA, PA 19106

Language: English Document Type: REVIEW

Geographic Location: INDIA

Subfile: CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: ONCOLOGY

Abstract: Over the past 50 years, a dominant role of tobacco smoking in lung cancer causation has been demonstrated. Almost three-quarters of the lung cancer cases can be attributed to tobacco smoking. The global variation in lung cancer incidence is thought to be directly proportional to the smoking habits prevalent in that part of the world. Lung cancer shows a greater upward trend in incidence in the USA, in central and Eastern Europe than ever before, especially in females. Japan too has recorded a 111-fold increase in incidence in both sexes since 1975. In India the problem is further compounded by absence of authentic data on time trend. The recent trend of available data suggests a more or less linear trend. At present lung cancer ranks among the top three killers in men in almost every metropolis in India. The highest incidence rate has been recorded in Bombay (14.6/ 100,000) and the lowest in Barshi (2.0/100,000). How much of these can be attributed to smoking cannot be commented on as no case-control or cohort studies have ever been undertaken in India. The situation is more alarming in other developing countries, where there is no authentic data on tobacco use or lung cancer incidences.

The relationship between tobacco and cancer is both simple and complex. The majority of the cancer patients are smokers, while the cancer incidence is not proportional among smokers. To explain this, various factors such as type of smoke, duration of smoke, amount of carcinogens, presence of activation and metabolism pathways, and lately genetic environment interaction, have been put forward. It appears that the relationship is more complex than at first thought. In developing countries, it is further compounded by lack of data on usage and dependence of the economies of these countries on tobacco. The situation is alarming, with ever-increasing incidence among women and non-smokers exposed to smoke (passive smokers). Tobacco use has already become an epidemic. (C) 1999 Lippincott Williams & Wilkins.

Descriptors--Author Keywords: epidemiology ; lung cancer ; morbidity ; mortality ; smoking ; tobacco ; trends

Identifiers--KeyWord Plus(R): MUTAGEN SENSITIVITY; AFRICAN-AMERICANS; RISK; CIGARETTE; SMOKING; SUSCEPTIBILITY; PREVENTION; MORTALITY; CHINESE; WOMEN

55. Title: The importance of serum lipoprotein (a) as an independent risk factor for premature coronary artery disease in middle-aged black and white women from the United States

Author(s): Dahlen GH (REPRINT) ; Srinivasan SR; Stenlund H; Wattigney WA; Wall S; Berenson GS

Corporate Source: UMEA UNIV HOSP,DEPT CLIN CHEM/S-90185 UMEA//SWEDEN/ (REPRINT); UMEA UNIV,DEPT EPIDEMIOL & PUBL HLTH/UMEA//SWEDEN/; TULANE SCH PUBL HLTH & TROP MED,DEPT BIOCHEM/NEW ORLEANS//LA/; TULANE SCH PUBL HLTH & TROP MED,TULANE CTR CARDIOVASC HLTH/NEW ORLEANS//LA/

Journal: JOURNAL OF INTERNAL MEDICINE, 1998, V244, N5 (NOV), P417-424

ISSN: 0954-6820 Publication date: 19981100

Publisher: BLACKWELL SCIENCE LTD, P O BOX 88, OSNEY MEAD, OXFORD OX2 0NE, OXON, ENGLAND

Language: English Document Type: ARTICLE

Geographic Location: SWEDEN; USA

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Objective. To determine the association of serum levels of lipoprotein (a) (Lp(a)) with coronary artery disease (CAD) in relation to other risk factor variables in black and white women.

Design. Retrospective case-control study.

Setting. Community of Bogalusa, Louisiana and Cardiac Catherization Laboratory at the Medical Center of Louisiana, New Orleans, USA.

Subjects. The study included 47 female cases (52% black; mean +/- SD age: 50.8 +/- 6.3 years) with confirmed myocardial infarction (MI) or at least 75% blockage of one or more major epicardial coronary arteries determined by angiography, and 55 controls (60% black; mean +/- SD age: 49.6 +/- 7.9 years) with no high grade obstructive lesion (<50% blockage) and no history of CAD.

Main outcome measures. Lipoprotein variables, homocysteine, body mass index and cigarette smoking.

Results. In the whole group, mean values of Lp(a), total cholesterol, low-density lipoprotein cholesterol (LDL-C), apolipoprotein B (apoB) and very-low-density lipoprotein cholesterol (VLDL-C) were higher ($P < 0.05$ -0.0001) and apoA-I was lower ($P < 0.05$) in cases than in controls. The multivariate logistic regression analysis showed elevated levels of Lp(a) (>500 mg L⁻¹) and LDL-C (>3.36 mmol L⁻¹) as strong independent risk factors, with odds ratios (with 95% confidence intervals) of 13.6 (4.00-46.30) and 4.64 (1.31-16.49), respectively. ApoA-I, with an odds ratio of 0.11 (0.02-0.64), was a protective factor only at high levels (>53.6 μ mol L⁻¹). Between races, significant odds ratios were noted in the black women for Lp(a) (OR = 15.98; $P < 0.01$) and LDL-C (OR = 7.69; $P < 0.05$) and in the white women for only Lp(a) (OR = 15.23; $P < 0.01$).

Conclusions. Lp(a) is an important risk factor for CAD both in black and in white women.

Descriptors--Author Keywords: coronary artery disease ; homocysteine ; lipids ; lipoprotein(a) ; lipoproteins ; race (black, white) ; women
Identifiers--KeyWord Plus(R): HEART-DISEASE; CARDIOVASCULAR-DISEASE; PLASMA LIPOPROTEIN(A); MYOCARDIAL-INFARCTION; GENDER DIFFERENCES; AFRICAN-AMERICANS; YOUNG-ADULTS; FOLLOW-UP; LP(A); ATHEROSCLEROSIS

56. Title: The risk of coronary heart disease in non-smokers exposed to environmental tobacco smoke

Author(s): Gross AJ (REPRINT)

Corporate Source: MED UNIV S CAROLINA, DEPT BIOMETRY & EPIDEMIOL/CHARLESTON//SC/29425 (REPRINT)

Journal: ENVIRONMETRICS, 1998, V9, N2 (MAR-APR), P197-210

ISSN: 1180-4009 Publication date: 19980300

Publisher: JOHN WILEY & SONS LTD, BAFFINS LANE CHICHESTER, W SUSSEX, ENGLAND PO19 1UD

Language: English Document Type: ARTICLE

Geographic Location: USA

Journal Subject Category: ENVIRONMENTAL SCIENCES; STATISTICS & PROBABILITY

Abstract: This article addresses the controversial issue of whether non-smokers' exposure to environmental tobacco smoke (ETS) increases their risk of developing coronary heart disease (CHD). Glantz and Parmley purport to provide toxicological and epidemiologic evidence in support of their contention that non-smokers who are exposed to ETS are more likely to develop CHD than non-smokers who are not so exposed. The toxicological evidence provided by Glantz and Parmley has been challenged by Wu and by Gori, among others. Moreover, the epidemiologic data considered by Glantz and Parmley are equivocal at best and do not include data from the American Cancer Society's Cancer Prevention Studies (CPS-I) and (CPS-II and the National Mortality Followback Survey which, when added to the original epidemiologic database considered by Glantz and Parmley, indicate no statistically significant association. Furthermore, most of the epidemiologic studies indicate a myriad of biases and confounders that have not been adequately adjusted. Many primary risk factors that were identified in the premier heart disease study, the Framingham Study (Kannel et al.), including but not limited to ethnicity, family history, dietary habits, age, serum cholesterol, exercise and alcohol use, were either totally ignored or not adequately considered in the epidemiologic studies. It seems foolhardy, then, to claim an association as do Glantz and Parmley. But perhaps a more egregious breach of science is to predict a number of CHD deaths in non-smokers caused by ETS. Unfortunately, that is what Wells purports to do. When one considers all the available evidence, the only reasonable conclusion that can be reached is that no association has been established between ETS exposure in non-smokers and an increased risk of CHD. (C) 1998 John Wiley & Sons, Ltd.

Descriptors--Author Keywords: environmental tobacco smoke ; coronary heart disease ; relative risk ; population attributable risk

Identifiers--KeyWord Plus(R): PASSIVE SMOKING; LUNG-CANCER; CARDIOVASCULAR-DISEASE; MORTALITY; EPIDEMIOLOGY; NONSMOKERS; SCOTLAND; ATTACK; WOMEN; WEST

57. Title: Contribution of smoking to excess mortality in Harlem

Author(s): Northridge ME (REPRINT) ; Morabia A; Ganz ML; Bassett MT; Gemson D; Andrews H; McCord C

Corporate Source: COLUMBIA UNIV COLL PHYS & SURG, HARLEM HOSP CTR, SCH PUBL HLTH/NEW YORK//NY/10032 (REPRINT); UNIV HOSP GENEVA, DIV CLIN EPIDEMIOL/GENEVA//SWITZERLAND/; NEW YORK STATE PSYCHIAT INST & HOSP, EPIDEMIOL MENTAL DISORDERS RES DEPT/NEW YORK//NY/10032

Journal: AMERICAN JOURNAL OF EPIDEMIOLOGY, 1998, V147, N3 (FEB 1), P250-258

ISSN: 0002-9262 Publication date: 19980201

Publisher: JOHNS HOPKINS UNIV SCHOOL HYGIENE PUB HEALTH, 111 MARKET PLACE, STE 840, BALTIMORE, MD 21202-6709

Language: English Document Type: ARTICLE

Geographic Location: USA; SWITZERLAND

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current

Contents, Clinical Medicine;

Journal Subject Category: PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH

Abstract: The New York City neighborhood of Harlem has mortality rates that are among the highest in the United States. In absolute numbers, cardiovascular disease and cancer account for the overwhelming majority of deaths, especially among men, and these deaths occur at relatively young ages. The aim of this research was to examine self-reported smoking habits according to measures of socioeconomic status among Harlem men and women, in order to estimate the contribution of tobacco consumption to Harlem's remarkably high excess mortality. During 1992-1994, in-person interviews were conducted among 695 Harlem adults aged 18-65 years who were randomly selected from dwelling unit enumeration lists. The self-reported prevalence of current smoking was strikingly high among both men (48%) and women (41%), even among highly educated men (38%). The 21% of respondents without working telephones reported an even higher prevalence of current smoking (61%), indicating that national and state-based estimates which rely on telephone surveys may seriously underestimate the prevalence of smoking in poor urban communities. Among persons aged 35-64 years, the smoking attributable fractions for selected causes of death were larger in Harlem than in either New York City as a whole or the entire United States for both men and women. Tobacco consumption is likely to be one of several important mediators of the high numbers of premature deaths in Harlem.

Descriptors--Author Keywords: educational status ; mortality ; poverty areas ; smoking ; social class ; urban health

Identifiers--KeyWord Plus(R): LUNG-CANCER RISK; UNITED-STATES; CIGARETTE-SMOKING; QUITTING SMOKING; SEX-DIFFERENCES; BLACKS; WHITES; TRENDS; HABITS; RACE

58. Title: Differences in cardiovascular disease risk factors in black and white young adults: Comparisons among five communities of the CARDIA and the Bogalusa Heart studies

Author(s): Greenlund KJ (REPRINT) ; Kiefe CI; Gidding SS; Lewis CE; Srinivasan SR; Williams OD; Berenson GS

Corporate Source: CTR DIS CONTROL & PREVENT, DIV ADULT & COMMUNITY HLTH, 4770 BUFORD HWY NE, MAILSTOP K-45/ATLANTA//GA/30341 (REPRINT); TULANE UNIV, SCH PUBL HLTH & TROP MED, TULANE CTR CARDIOVASC HLTH/NEW ORLEANS//LA//; UNIV ALABAMA, DIV PREVENT MED/BIRMINGHAM//AL//; NORTHWESTERN UNIV, SCH MED, DEPT PEDIAT/CHICAGO//IL/60611; NORTHWESTERN UNIV, SCH MED, DEPT PREVENT MED/CHICAGO//IL/60611

Journal: ANNALS OF EPIDEMIOLOGY, 1998, V8, N1 (JAN), P22-30

ISSN: 1047-2797 Publication date: 19980100

Publisher: ELSEVIER SCIENCE INC, 655 AVENUE OF THE AMERICAS, NEW YORK, NY 10010

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH

Abstract: PURPOSE: To examine community differences in cardiovascular disease (CVD) risk factors among black and white young adults by combining data from two large epidemiologic studies.

METHODS: Data are from participants aged 20-31 years in the Coronary Artery Risk Development In Young Adults (CARDIA) study (1987-1988; N = 4129) and the Bogalusa Heart study (1988-1991; N = 1884), adjusting for data collection differences prior to analysis. CARDIA includes four urban sites; Birmingham, Alabama; Chicago,

Illinois; Minneapolis, Minnesota; and Oakland, California. Bogalusa is a semi-rural town in Southeastern Louisiana. CVD risk factors examined were smoking status, body habitus, and blood pressure.

RESULTS: In Birmingham and Bogalusa, more white than black women were current smokers; no ethnic differences were observed among men. In Chicago, Minneapolis, and Oakland, more blacks were current smokers than were whites. For all sites, educational level was strongly inversely related to current smoking status; ethnic differences were more apparent among those with up to a high school education. Among white men and women, prevalence of obesity (body mass index > 31.1 kg/m²) in men and 32.3 kg/m² in women) was greater in Birmingham and Bogalusa than in Chicago, Minneapolis, and Oakland. Mean systolic blood pressures were highest in Bogalusa, and the proportion of black men with elevated blood pressure (greater than or equal to 130/85 mmHg) was higher in Bogalusa and Birmingham.

CONCLUSIONS: Community and ethnic differences in CVD risk factors were observed among young adults in two large epidemiologic studies. Further studies may enhance our understanding of the relationship of geographic differences in CVD risk to subsequent disease. (C) 1998 Elsevier Science Inc.

Descriptors--Author Keywords: cardiovascular disease ; regional variation ; risk factors

Identifiers--KeyWord Plus(R): 15-YEAR FOLLOW-UP; UNITED-STATES; BLOOD-PRESSURE; GEOGRAPHIC PATTERNS; MORTALITY; CORONARY; URBANIZATION; SMOKING; COHORTS; REGION

59. Title: **Cardiovascular risk factors and behavior lifestyles of young women: Implications from findings of the bogalusa heart study**

Author(s): O'Neil CE; Nicklas TA; Myers L; Johnson CC; Berenson GS
(REPRINT)

Corporate Source: TULANE UNIV, SCH PUBL HLTH & TROP MED, TULANE CTR CARDIOVASC HLTH, 1501 CANAL ST, 14TH F/NEW ORLEANS//LA/70112 (REPRINT); TULANE UNIV, SCH PUBL HLTH & TROP MED, TULANE CTR CARDIOVASC HLTH/NEW ORLEANS//LA/70112

Journal: AMERICAN JOURNAL OF THE MEDICAL SCIENCES, 1997, V314, N6 (DEC), P 385-395

ISSN: 0002-9629 Publication date: 19971200

Publisher: LIPPINCOTT-RAVEN PUBL, 227 EAST WASHINGTON SQ, PHILADELPHIA, PA 19106

Language: English Document Type: REVIEW

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: The primary purposes of this article are to highlight important issues related to cardiovascular risk factors and behavior :Lifestyles in young women and to examine racial (black-white) differences in risk factors that relate to cardiovascular disease, In childhood, some girls show cardiovascular risk factors of higher blood pressure levels, dyslipidemia, and obesity, all of which continue into young adulthood, Factors that contribute to abnormal risk factors are a high-saturated fat diet, excess energy intake related to inactivity, and cigarette smoking, Trends of obesity are documented; and young white girls are continuing to use tobacco, more so than boys and black girls, Although the onset of clinical cardiovascular disease is delayed in women, the stage is set in childhood for the development of early cardiovascular

risk.

Identifiers--KeyWord Plus(R): CORONARY-ARTERY DISEASE; DENSITY LIPOPROTEIN CHOLESTEROL; ORAL-CONTRACEPTIVE USE; POSTMENOPAUSAL ESTROGEN USE; BODY-FAT DISTRIBUTION; APOLIPOPROTEIN-A-I; 26-YEAR FOLLOW-UP; MYOCARDIAL-INFARCTION; CIGARETTE-SMOKING; SERUM-LIPIDS

Research Fronts: 95-1526 003 (CORONARY-ARTERY DISEASE IN WOMEN; ACUTE MYOCARDIAL-INFARCTION; GENDER BIAS)

95-2773 003 (BODY-FAT DISTRIBUTION; VISCERAL OBESITY; CORONARY HEART-DISEASE IN WOMEN; REGIONAL ADIPOSITY; OLDER MEN)

95-1933 002 (REPLACEMENT THERAPY IN POSTMENOPAUSAL WOMEN; OSTEOPOROSIS PREVENTION; CARDIOVASCULAR RISK)

95-1908 001 (DIETARY FIBER INTAKE OF CHILDREN; CHILDHOOD OBESITY; CARDIOVASCULAR RISK)

95-2960 001 (RED WINE; ALCOHOL INTAKE; CARDIOVASCULAR MORTALITY; CORONARY HEART-DISEASE)

95-5729 001 (SMOKING CESSATION; ADULT WOMEN TWINS; CIGARETTE USE AMONG UNITED-STATES MILITARY PERSONNEL)

60. Title: Mortality from coronary heart disease and cardiovascular disease among adult US Hispanics: Findings from the National Health Interview Survey (1986 to 1994)

Author(s): Liao YL (REPRINT) ; Cooper RS; Cao GC; Kaufman JS; Long AE; McGee DL

Corporate Source: LOYOLA UNIV, STRITCH SCH MED, DEPT PREVENT MED & EPIDEMIOL, 2160 S 1ST AVE/MAYWOOD//IL/60153 (REPRINT)

Journal: JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY, 1997, V30, N5 (NOV 1), P1200-1205

ISSN: 0735-1097 Publication date: 19971101

Publisher: ELSEVIER SCIENCE INC, 655 AVENUE OF THE AMERICAS, NEW YORK, NY 10010

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: CARDIAC & CARDIOVASCULAR SYSTEMS

Abstract: Objectives. We sought to estimate the coronary heart disease (CHD) and cardiovascular disease (CVD) mortality experience of U.S. Hispanics.

Background. Limited information is available concerning the mortality from CHD among U.S. Hispanics, the nation's second largest minority group.

Methods. The study used data from the National Health Interview Survey (1986 to 1994), including representative national samples of 246,239 non Hispanic whites, 38,042 blacks and 14,965 Hispanics who were greater than or equal to 45 years old at baseline. Mean follow-up of mortality was 5 years (range 1 to 10).

Results. During the follow-up period, 27,702 whites (11%), 4,976 blacks (13%) and 1,061 Hispanics (7%) died. Among men, the age-adjusted total mortality per 100,000 person-years was 3,089 in whites and 2,466 in Hispanics, and among women, it was 1,897 and 1,581 in whites and Hispanics, respectively. The Hispanic/white mortality rate ratio for CHD was 0.77 (95% confidence interval [CI] 0.64 to 0.93) and 0.82 (95% CI 0.66 to 1.01) for men and women, respectively. The rate ratio was 0.79 (95% CI 0.68 to 0.91) and 0.80 (95% CI 0.69 to 0.94), respectively, for mortality from cardiovascular diseases. Given the lower all-cause mortality in Hispanics, the proportion of total deaths due to CHD and CVD was similar between the two populations for the same

gender and were, respectively, 29.7% and 44.7% in white men, 28.1% and 44.3% in Hispanic men, 24.9% and 43.2% in white women and 24.1% and 41% in Hispanic women.

Conclusions. These data from a cohort of a large national sample are consistent with vital statistics that show that all-cause, CHD and CVD mortality is similar to 20% lower among adult Hispanics than among whites in the United States. (C) 1997 by the American College of Cardiology.

Identifiers--KeyWord Plus(R): MEXICAN-AMERICANS; UNITED-STATES; MYOCARDIAL-INFARCTION; CIGARETTE-SMOKING; PUERTO-RICANS; RISK-FACTORS; DEATH INDEX; WHITES; CARE
Research Fronts: 95-6162 002 (HISPANIC WOMEN; HEALTH-INSURANCE COVERAGE OF MEXICAN-AMERICAN FAMILIES; MEDICAL ATTENTION FOR INJURIES)

61. Title: Obesity and mortality: a review of the epidemiologic data

Author(s): Solomon CG (REPRINT) ; Manson JE

Corporate Source: HARVARD UNIV, BRIGHAM & WOMENS HOSP, SCH MED, DIV GEN MED, SECT CLIN EPIDEMIOL, 75 FRANCI/BOSTON//MA/02115 (REPRINT); BRIGHAM & WOMENS HOSP, DIV ENDOCRINE HYPERTENS/BOSTON//MA/02115; BRIGHAM & WOMENS HOSP, DIV PREVENT MED/BOSTON//MA/02115; BRIGHAM & WOMENS HOSP, DEPT MED, CHANNING LAB/BOSTON//MA/02115; HARVARD UNIV, SCH PUBL HLTH, DEPT EPIDEMIOL/BOSTON//MA/02115

Journal: AMERICAN JOURNAL OF CLINICAL NUTRITION, 1997, V66, 4 (OCT), P S1044-S1050

ISSN: 0002-9165 Publication date: 19971000

Publisher: AMER SOC CLINICAL NUTRITION, 9650 ROCKVILLE PIKE, SUBSCRIPTIONS, RM L-2310, BETHESDA, MD 20814-3998

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: NUTRITION & DIETETICS

Abstract: At least one-third of Americans are obese, as defined by body mass indexes corresponding to body weight greater than or equal to 120% of ideal body weight, and this figure is rising steadily. Women and nonwhites have particularly high rates of obesity. Obesity greatly increases risks for many serious and morbid conditions, including diabetes mellitus, hypertension, dyslipidemia, coronary artery disease, and some cancers. Obesity is clearly associated with increased risk for mortality, but there has been controversy regarding optimal weight with respect to mortality risk. We review the literature concerning obesity and mortality, with reference to body fat distribution and weight gain, and consider potential effects of sex, age, and race on this relation. We conclude that when appropriate adjustments are made for effects of smoking and underlying disease, optimal weights are below average in both men and women; this appears to be true throughout the adult life span. Central obesity, most commonly approximated by the waist-to-hip ratio, may be particularly detrimental, although this requires further study. Weight gain in adulthood is also associated with increased mortality. These observations support public health measures to reduce obesity and weight gain, including recent recommendations to limit weight gain in the adult years to 4.5 kg (10 lb).

Descriptors--Author Keywords: body weight ; ideal body weight ; mortality rate ; smoking ; central obesity ; lifestyle ; coronary artery disease ; stroke ; body mass index

Identifiers--KeyWord Plus(R): BODY-MASS INDEX; CORONARY HEART-DISEASE; FOLLOW-UP; RISK FACTOR; CARDIOVASCULAR-DISEASE; FAT DISTRIBUTION; HIP RATIO; WEIGHT; WOMEN; MEN

Research Fronts: 95-0917 001 (INSULIN-RESISTANCE IN SYSTEMIC HYPERTENSION; COMPENSATORY HYPERINSULINEMIA; CARDIOVASCULAR RISK; ELDERLY MEN)
95-2773 001 (BODY-FAT DISTRIBUTION; VISCERAL OBESITY; CORONARY HEART-DISEASE IN WOMEN; REGIONAL ADIPOSITY; OLDER MEN)
95-4445 001 (SEVERE OBESITY; WEIGHT CHANGE HISTORY; SMOKING CESSATION AMONG WOMEN; INSULIN THERAPY; PREVALENCE OF OVERWEIGHT; HUMAN-BODY COMPOSITION; HEALTH MAINTENANCE)
95-7318 001 (BREAST-CANCER RISK AMONG POSTMENOPAUSAL WOMEN; ALCOHOL IN THE MEDITERRANEAN DIET; PREVENTION OF TUBERCULOSIS)

62. Obesity and coronary heart disease.

Garrison RJ; Higgins MW; Kannel WB
Department of Preventive Medicine, University of Tennessee, Memphis 38163, USA.

Curr Opin Lipidol (UNITED STATES) Aug 1996, 7 (4) p199-202, ISSN 0957-9672 Journal Code: B05

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

JOURNAL ANNOUNCEMENT: 9704

Subfile: INDEX MEDICUS

Obesity carries a penalty of an associated adverse cardiovascular risk profile. Largely as a consequence of this, it is associated with an excess occurrence of cardiovascular disease morbidity and mortality. It is concluded on the basis of data from the Framingham study and other large prospective studies that the rate of development of cardiovascular disease rises rapidly in relation to even modest amounts of adiposity. The abdominal pattern of adiposity, and specifically visceral adiposity, appears to be the most hazardous. First identified as a cause of glucose intolerance, abdominal adiposity has been identified as promoting insulin resistance, hypertension and dyslipidemia, as well as CHD. While the impact of epidemic obesity on the health of white Americans is becoming more fully understood, there are important gaps in the knowledge about the nature of influence of adiposity on CHD in large subgroups of the population. The dearth of detailed and long term prospective studies of African-Americans is the most conspicuous shortcoming of the research base. Finally, because there is a great potential benefit of remaining lean or achieving a sustained weight loss when indicated, and given the high prevalence of obesity, research on adiposity prevention and more effective weight reduction methodology are urgently needed. (34 Refs.)

Tags: Female; Human; Male

Descriptors: *Coronary Disease--Etiology--ET; *Obesity--Complications--CO; Adult; Aged; Body Constitution; Body Mass Index; Coronary Disease--Ethnology--EH; Diabetes Mellitus--Complications--CO; Middle Age; Risk Factors; Smoking--Adverse Effects--AE

63. Title: Obstructive lung disease deaths in the United States from 1979 through 1993 - An analysis using multiple-cause mortality data

Author(s): Mannino DM (REPRINT); Brown C; Giovino GA

Corporate Source: 4770 BUFORD HIGHWAY, M-S F-39/ATLANTA//GA/30341 (REPRINT); CTR DIS CONTROL & PREVENT, AIR POLLUT & RESP HLTH BRANCH, DIV ENVIRONM HAZARDS & HLTH EFFECTS/ATLANTA//GA/; CTR DIS CONTROL & PREVENT, OFF SMOKING & HLTH, NATL CTR CHRON DIS PREVENT & HLTH PROMOT/ATLANTA//GA/

Journal: AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE, 1997, V156, N3 (SEP), P814-818

ISSN: 1073-449X Publication date: 19970900

Publisher: AMER LUNG ASSOC, 1740 BROADWAY, NEW YORK, NY 10019

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: EMERGENCY MEDICINE & CRITICAL CARE; RESPIRATORY SYSTEM

Abstract: We analyzed mortality trends among people who died with a diagnosis of obstructive lung disease from 1979 through 1993, using death certificate reports of 31,314,160 decedents in the Multiple-Cause Mortality Files compiled by the National Center for Health Statistics. Of all the decedents, 2,554,959 (8.2%) had a diagnosis of obstructive lung disease (ICD-9 490 to 493.9, 496) listed on their death certificates; of these 2,554,959 decedents, only 1,106,614 (43.3%) had obstructive lung disease listed as the underlying cause of death. The age-adjusted mortality rate increased 47.3%, from 52.6 per 100,000 in 1979 to 77.5 per 100,000 in 1993. The age-adjusted mortality rate increased 17.1% among men, from 96.3% per 100,000 in 1979 to 112.8 per 100,000 in 1993, whereas this rate increased 126.1% among women, from 24.5 per 100,000 in 1979 to 55.4 per 100,000 in 1993. Over the study period, white males had the highest mortality rates (98.8 to 115.5 per 100,000), followed by black males (77.5 to 100.2 per 100,000), males of other races (38.1 to 58.6 per 100,000), white females (25.5 to 57.7 per 100,000), black females (14.9 to 38.5 per 100,000), and females of other races (10.9 to 20.9 per 100,000). We conclude that mortality related to obstructive lung disease is underestimated in studies that look at only the underlying cause of death. Mortality rates of obstructive lung disease are starting to stabilize among men, but continue to increase among women, reflecting historical smoking trends in these populations.

Identifiers--KeyWord Plus(R): PULMONARY-DISEASE; ASTHMA MORTALITY; SMOKING; TRENDS; RISK; AGE

Research Fronts: 95-1101 001 (PARTICULATE AIR-POLLUTION; EMERGENCY ROOM VISITS FOR ASTHMA; OZONE EXPOSURE; AFRICAN-AMERICAN CHILDREN)

95-1956 001 (HYPOCRISY OF US TOBACCO POLICY; MUTATIONS IN THE TUMOR-SUPPRESSOR GENE P53; PASSIVE EXPOSURE)

95-2210 001 (RESPIRATORY HEALTH; CHRONIC OBSTRUCTIVE PULMONARY-DISEASE; ASBESTOS-EXPOSED WORKERS SEEKING COMPENSATION)

64. Title: Epidemiology of advanced lung disease in the United States

Author(s): Bresnitz EA (REPRINT)

Corporate Source: ALLEGHENY UNIV HLTH SCI, MCP HAHNEMANN SCH MED, DEPT COMMUNITY & PREVENT MED, 1505 RACE ST, MS 644/PHILADELPHIA//PA/19102 (REPRINT)

Journal: CLINICS IN CHEST MEDICINE, 1997, V18, N3 (SEP), P421-&

ISSN: 0272-5231 Publication date: 19970900

Publisher: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: RESPIRATORY SYSTEM

Abstract: Advanced lung disease (ALD) may be defined as a chronic, nonmalignant lung disease that permanently impairs activities of daily living. Defined in that fashion, the term encompasses the severe end of the spectrum of many common and unusual lung diseases, including asthma, chronic obstructive pulmonary disease (COPD), cystic fibrosis (CF), sarcoidosis, the pneumoconioses, idiopathic pulmonary fibrosis, and pulmonary hypertension. Like "end-stage kidney disease," the term

advanced lung disease is useful clinically because supportive treatment is similar regardless of the original cause of organ injury.

Many, but not all, patients with ALD are disabled. ALD is identified by a physician on the basis of history, physical examination, and appropriate diagnostic studies, and is related to functional impairment. Disability is determined by an insurance administrator or administrative law judge and, in adults, is related to ability to work.(42)

Mortality statistics maintained by the National Center for Health Statistics (NCHS) indicate that COPD and allied conditions are the fifth leading cause of death in the United States, after heart disease, cancer, accidents, and neurologic disease(12) (Fig. 1). There was a 46.6% increase in the death rate for chronic lung disease from 1979 to 1993, and a 7.5% increase from 1992 to 1993.(12) The mortality statistics probably underestimate the mortality attributable to ALD because many individuals who are severely impaired by smoking related chronic lung diseases actually die of other causes, notably heart disease or cancer.(44)

This review focuses on US data, although the burden of ALD worldwide obviously is more substantial. The NCHS is the principal source of information on morbidity and mortality in the United States. It obtains information through several population-based surveys of representative samples of specific data sources(45) (Table 1). Each of the surveys conducted by the NCHS provides data that are used to estimate some measure of disease incidence or prevalence, health care utilization rate, or death rate. Data are estimated and reported principally for diseases with high incidences, such as asthma and COED. Data on more rare conditions, such as CF, are generally obtained from disease registries (when they exist), or from large health care delivery databases, such as health maintenance organizations.

Regardless of the source of information, it is not always possible to determine the distribution of illness severity from databases. As a result, many are less useful for assessing the extent of ALD, as previously defined.

Identifiers--KeyWord Plus(R): PRIMARY PULMONARY-HYPERTENSION; CYSTIC-FIBROSIS; ALPHA-1-ANTITRYPSIN DEFICIENCY; CHANGING EPIDEMIOLOGY; MORTALITY; ASTHMA; SARCOIDOSIS; SURVIVAL; MANAGEMENT; MORBIDITY
Research Fronts: 95-3627 003 (PRIMARY PULMONARY-HYPERTENSION; LUNG TRANSPLANTATION; CHRONIC HYPOXIA)
95-0427 001 (HUMAN RECOMBINANT DNASE IN CYSTIC-FIBROSIS; TREATMENT OF PULMONARY INFECTION; ALTERNATIVE AEROSOL DELIVERY SYSTEM)
95-1101 001 (PARTICULATE AIR-POLLUTION; EMERGENCY ROOM VISITS FOR ASTHMA; OZONE EXPOSURE; AFRICAN-AMERICAN CHILDREN)

65. Title: Lung cancer deaths in the United States from 1979 to 1992: an analysis using multiple-cause mortality data

Author(s): Mannino DM (REPRINT) ; Ford E; Giovino GA; Thun M
Corporate Source: 4770 BUFORD HIGHWAY,M-S F-39/ATLANTA//GA/30341 (REPRINT); CTR DIS CONTROL & PREVENT,NATL CTR ENVIRONM HLTH, DIV ENVIRONM HAZARDS & HLTH EFFECTS/ATLANTA//GA//; CDC,NCCDPHP, DIV NUTR, CHRON DIS PREVENT BRANCH/ATLANTA//GA/30333; CDC,NCCDPHP, OFF SMOKING & HLTH/ATLANTA//GA/30333; AMER CANC SOC,DEPT EPIDEMIOL & SURVEILLANCE RES/ATLANTA//GA/30329

Journal: INTERNATIONAL JOURNAL OF EPIDEMIOLOGY, 1998, V27, N2 (APR), P 159-166

ISSN: 0300-5771 Publication date: 19980400
Publisher: OXFORD UNIV PRESS, GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND
Language: English Document Type: ARTICLE
Geographic Location: USA
Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current
Contents, Clinical Medicine;

Journal Subject Category: PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH

Abstract: Background We sought to describe trends in the presence of lung
cancer at the time of death in the United States from 1979 to 1992.

Methods We analysed death certificate reports in the Multiple-Cause
Mortality Files compiled by the National Center for Health Statistics,
searching for any mention of lung cancer, lung cancer as the underlying
cause of death, and comorbid conditions.

Results Of the 29 042 213 decedents in the study period, 1 892 129
(6.5%) had a diagnosis of lung cancer listed on their death
certificates; of these 1 892 129 decedents, 1 734 767 (91.7%) had lung
cancer listed as the underlying cause of death. Decedents with lung
cancer listed as being present but not the underlying cause of death
were more likely to be male (relative risk [RR] 1.16, 95% confidence
interval [CI] : 1.15-1.17), and older (RR 4.61, 95% CI:4.35-4.88 for
decedents older than 85 compared to those aged less than 44), but less
likely to be black than white (RR 0.88, 95% CI:0.87-0.90). The
mortality rate, age-adjusted to the 1980 population, increased 23.0%,
from 47.9 per 100 000 in 1979 to 58.9 per 100 000 in 1992. Over the
study period, black men had the highest mortality rates (117.3-125.2
per 100 000), followed by white men (81.7-88.7 per 100 000), men of
other races (37.4-46.7 per 100 000), white women (22.1-39.1 per 100
000), black women (21.4-38.2 per 100 000), and women of other races
(12.6-18.1 per 100 000). Age-adjusted, state specific rates varied
threefold, from 30.4 per 100 000 in Utah to 93.9 per 100 000 in Nevada.

Conclusions We conclude that the underlying cause of death data
base, which captures almost 92% of decedents with lung cancer present,
accurately tracks lung cancer mortality trends in the US. Mortality
rates of lung cancer, which are decreasing among men, continue to
increase among women.

Descriptors--Author Keywords: lung cancer ; mortality ; epidemiology
Identifiers--KeyWord Plus(R): TRENDS; PROPORTION; EXPOSURE; SMOKING; MALES
Cited References:

413
66. Title: Polymorphisms in the glutathione S-transferase class mu and theta
genes interact and increase susceptibility to lung cancer in minority
populations (Texas, United States)

Author(s): Kelsey KT (REPRINT) ; Spitz MR; Zuo ZF; Wiencke JK

Corporate Source: HARVARD UNIV,SCH PUBL HLTH, DEPT CANC BIOL, 665

HUNTINGTON AVE/BOSTON//MA/02115 (REPRINT); HARVARD UNIV,SCH PUBL HLTH,
DEPT ENVIRONM HLTH/BOSTON//MA/02115; UNIV TEXAS,MD ANDERSON CANCER CTR,
DEPT EPIDEMIOL/HOUSTON//TX/77030; UNIV CALIF SAN FRANCISCO,SCH MED,
DEPT EPIDEMIOL & BIOSTAT, LAB MOL EPIDEMIOL/SAN FRANCISCO//CA/94143

Journal: CANCER CAUSES & CONTROL, 1997, V8, N4 (JUL), P554-559

ISSN: 0957-5243 Publication date: 19970700

Publisher: RAPID SCIENCE PUBLISHERS, 2-6 BOUNDARY ROW, LONDON, ENGLAND SE1
8NH

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: ONCOLOGY; PUBLIC, ENVIRONMENTAL & OCCUPATIONAL
HEALTH

Abstract: The genes coding for separate isoforms of both the human glutathione S-transferase class mu and class theta enzymes (GSTM1 and GSTT1) are polymorphic with a variable ethnic distribution. These enzymes detoxify reactive epoxides, including carcinogens produced by tobacco smoke. Because of this, the null polymorphism in the GSTM1 gene (coding for the glutathione S-transferase class mtt enzyme) has been studied widely as a possible source of inherited susceptibility to smoking-related lung cancer. The more recently described null polymorphism in the GSTT1 gene also could contribute to an increased risk of smoking-related lung cancer. As the incidence of lung cancer is known to differ by ethnicity, we have conducted a case-control study in the United States of 108 African-Americans (Blacks) and 60 Mexican-Americans (Hispanics) with lung cancer and 132 African-American (Black) and 146 Mexican-American (Hispanic) controls to investigate the association of the GSTT1 and GSTM1 polymorphisms with lung cancer in minority populations. In the unadjusted data, there was a borderline significant association of the GSTM1 null polymorphism with lung cancer in Mexican-Americans (odds ratio [OR] = 1.8, 95 percent confidence interval [CI] = 1.0-3.3) that was not observed in African-Americans. The GSTT1 null polymorphism also had a higher prevalence in cases than controls in both racial/ethnic groups, but this increase was not statistically significant. When the data were analyzed using logistic regression controlling for age, gender, race, and smoking, no significant association of either trait with lung cancer was observed, with ORs for both traits of approximately 1.3. However, when the prevalence of individuals who were null for both polymorphisms was compared by case status, a significant interaction was observed. Logistic regression models showed the OR for the association of lung cancer and the presence of both null polymorphisms compared with one (either GSTT1 or GSTM1) or no null genotype to be 2.9 ($P < 0.04$). These results suggest that there may be carcinogenic intermediates in cigarette smoke that are substrates for both the GSTT1 and GSTM1 enzymes, and that lung cancer risk is increased more than additively for individuals who have both GSTT1 and GSTM1 null polymorphisms.

Descriptors-Author Keywords: African-American ; Black ; Hispanic ; genetic susceptibility ; GSTM1 ; GSTT1 ; glutathione S-transferase ; lung cancer ; Mexican-American ; United States

Identifiers--KeyWord Plus(R): BLADDER-CANCER; M1 GSTM1; RISK; EXPOSURE; GENOTYPE; EXPRESSION; DEFICIENCY; DELETION; DAMAGE

67. Title: Epidemiology of severe asthma.

Author(s): Charpin D (REPRINT) ; Bouaziz N

Corporate Source: HOP NORD MARSEILLE, SERV PNEUMOL ALLERGOL/F-13915 MARSEILLE 20//FRANCE/ (REPRINT)

Journal: REVUE FRANCAISE D ALLERGOLOGIE ET D IMMUNOLOGIE CLINIQUE, 1997, V 37, N3 (MAY), P297-302

ISSN: 0335-7457 **Publication date:** 19970500

Publisher: EXPANSION SCI FRANCAISE, 31 BLVD LATOUR MAUBOURG, 75007 PARIS, FRANCE

Language: French **Document Type:** ARTICLE

Geographic Location: FRANCE

Subfile: CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: ALLERGY

Abstract: Prevalence of severe acute asthma can be evaluated through mortality statistics, hospitalization rates and epidemiological studies. Risk factors include personnal characteristics (age, socio-economic status, disease denial, depression, medical features associated with increased severity), environment factors as life events

and exposure to specific (allergens) and as non-specific factors (viral or microbial infections, passive smoking, air pollutants) and the health care system (care delivery, quality of medical management). Such factors are inter-related. Their knowledge should allow a better management leading to a lower incidence of severe acute asthma attacks.

Descriptors--Author Keywords: asthma ; epidemiology

Identifiers--KeyWord Plus(R): EMERGENCY ROOM VISITS; NEAR-FATAL ASTHMA; AIR-POLLUTION; CHILDHOOD ASTHMA; ATMOSPHERIC-POLLUTION; RESPIRATORY VIRUSES; UNITED-STATES; LUNG-FUNCTION; MORTALITY; DEATH

Research Fronts: 95-1101 003 (PARTICULATE AIR-POLLUTION; EMERGENCY ROOM VISITS FOR ASTHMA; OZONE EXPOSURE; AFRICAN-AMERICAN CHILDREN)

95-1884 001 (NEW-ZEALAND ASTHMA MORTALITY EPIDEMIC; INHALED CORTICOSTEROIDS; BETA(2)-ADRENERGIC AGONISTS; CHRONIC OBSTRUCTIVE PULMONARY-DISEASE; SAFETY OF SALMETEROL)

95-5217 001 (CHILDHOOD ASTHMA; BRONCHIAL HYPERRESPONSIVENESS; ALLERGIC AIRWAY RESPONSES; RHINOVIRUS COLDS; VIRAL ACUTE UPPER RESPIRATORY-INFECTION)

68. Title: Hypertension-related morbidity and mortality in the southeastern United States

Author(s): Hall WD; Ferrario CM; Moore MA; Hall JE (REPRINT) ; Flack JM; Cooper W; Simmons JD; Egan BM; Lackland DT; Perry M; Roccella EJ

Corporate Source: EMORY UNIV,SCH MED, DEPT MED, 69 BUTLER

ST/ATLANTA//GA/30303 (REPRINT); EMORY UNIV,SCH MED, DEPT MED/ATLANTA//GA/30303; WAKE FOREST UNIV,BOWMAN GRAY SCH MED/WINSTON SALEM//NC//; DANVILLE UROL CLIN./,DANVILLE//VA//; UNTV MISSISSIPPI,SCH MED/JACKSON//MS/39216; ASTRA MERCK,/WAYNE//PA//; N CAROLINA DEPT ENVIRONM HLTH & NAT RESOURCES,/RALEIGH//NC/27611; WASHINGTON UNIV,SCH MED/ST LOUIS//MO//; UNIV S CAROLINA,/CHARLESTON//SC//; NHLBI,/BETHESDA//MD/

Journal: AMERICAN JOURNAL OF THE MEDICAL SCIENCES, 1997, V313, N4 (APR), P 195-209

ISSN: 0002-9629 Publication date: 19970400

Publisher: LIPPINCOTT-RAVEN PUBL, 227 EAST WASHINGTON SQ, PHILADELPHIA, PA 19106

Language: English Document Type: REVIEW

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Stroke mortality is higher in the Southeast compared with other regions of the United States. The prevalence of hypertension is also higher (black men = 35%, black women = 37.7%, white men = 26.5%, white women = 21.5%), and the proportion of patients whose hypertension is being controlled is poor, especially in white and black men.

The prevalence of hypertension-related complications other than stroke is also higher in the Southeast. The five states with the highest death rates for congestive heart failure are all in the southern region. Of the 15 states with the highest rates of end-stage renal disease, 10 are in the Southeast.

Obesity is very prevalent (24% to 28%) in the Southeast. Although Michigan tops the ranking for all states, 6 of the top 15 states are in the Southeast, as are 7 of the 10 states with the highest reported prevalence regarding no leisure-time physical activity. Similar to other areas of the United States, dietary sodium and saturated fat intake are high in the Southeast; dietary potassium intake appears to

be relatively low.

Other factors that may be associated with the high prevalence, poor control, and excess morbidity and mortality of hypertension-related complications in the Southeast include misperceptions of the seriousness of the problem, the severity of the hypertension, lack of adequate follow-up, reduced access to health care, the cost of treatment, and possibly, low birth weights.

The Consortium of Southeastern Hypertension Control (COSEHC) is a nonprofit organization created in 1992 in response to a compelling need to improve the disproportionate hypertension-related morbidity and mortality throughout this region. The purpose of this position paper is to summarize the data that document the problem, the consequences, and possible causative factors.

Descriptors--Author Keywords: hypertension ; cardiovascular disease ; stroke ; regional ; southeast

Identifiers--KeyWord Plus(R): STAGE RENAL-DISEASE; OBESITY-INDUCED HYPERTENSION; NUTRITION EXAMINATION SURVEY; CARDIOVASCULAR RISK-FACTORS; BLOOD-PRESSURE; ADULT LIFE; ANTIHYPERTENSIVE THERAPY; PATIENT COMPLIANCE; NATIONAL-HEALTH; FOLLOW-UP

Research Fronts: 95-2200 003 (MEDICATION REGIMENS; ANTIHYPERTENSIVE DRUGS; MANAGEMENT OF EPILEPSY)

95-0536 001 (11-BETA-HYDROXYSTEROID DEHYDROGENASE; FETAL ORIGINS OF CORONARY HEART-DISEASE; APPARENT MINERALOCORTICOID EXCESS SYNDROMES)

95-4445 001 (SEVERE OBESITY; WEIGHT CHANGE HISTORY; SMOKING CESSATION AMONG WOMEN; INSULIN THERAPY; PREVALENCE OF OVERWEIGHT; HUMAN-BODY COMPOSITION; HEALTH MAINTENANCE)

95-5838 001 (CHRONIC HEART-FAILURE; OPEN ACCESS ECHOCARDIOGRAPHY; CARDIAC TRANSPLANTATION; LONG-TERM ENALAPRIL THERAPY; LEFT-VENTRICULAR FUNCTION; ELDERLY PATIENT)

69. Title: Socioeconomic status, race, and death from coronary heart disease

Author(s): Escobedo LG (REPRINT) ; Giles WH; Anda RF

Corporate Source: IMMIGRAT & NATURALIZAT HLTH FACIL, 8915 MONTANA AVE/EL PASO//TX/79925 (REPRINT); CTR DIS CONTROL, NATL CTR CHRON DIS PREVENT & HLTH PROMOT, CARDIOVASC HLTH STUDIES BRANCH/ATLANTA//GA/30333

Journal: AMERICAN JOURNAL OF PREVENTIVE MEDICINE, 1997, V13, N2 (MAR-APR), P123-130

ISSN: 0749-3797 Publication date: 19970300

Publisher: OXFORD UNIV PRESS INC, JOURNALS DEPT, 2001 EVANS RD, CARY, NC 27513

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Introduction: Data to assess factors associated with differences in coronary heart disease mortality between Caucasians and African Americans are limited. We assessed risks for sudden, nonsudden, and other coronary death between Caucasians and African Americans in relation to known risk factors for coronary disease and socioeconomic status.

Methods: We analyzed data from the 1986 National Mortality Followback Survey, the 1985 National Health Interview Survey, and the U.S. Bureau of the Census. Logistic regression methods were used to create multivariate models to assess the relationship of socioeconomic status and other known modifiable risk factors to death from each of the three coronary diseases for Caucasians and African Americans separately.

Results: In an age- and gender-adjusted analysis of data on men 25-44 years old and women 25-54 years old, African Americans had about twice the risk for sudden, nonsudden, or other coronary death as did Caucasians. Adjusted risks for coronary death for Caucasians associated with modifiable risk factors (cigarette smoking, body weight, diabetes, and hypertension) either resembled or were slightly greater than those for African Americans. Half or more of all excess risks for African Americans in multivariate models could be explained by socioeconomic status. About 18% of excess sudden coronary death risk could be further explained by known modifiable coronary heart disease risk factors.

Conclusions: Broad public health efforts are needed to address these causes of excess mortality.

Medical Subject Headings (MeSH): coronary heart disease, mortality, race, surveys, socioeconomic status, African Americans.

Identifiers--KeyWord Plus(R): ACUTE MYOCARDIAL-INFARCTION; SUDDEN-DEATH; RISK-FACTORS; CARDIOVASCULAR-DISEASE; RACIAL-DIFFERENCES;

MORTALITY-RATES; UNITED-STATES; BLACK; RESPONDENTS; INFORMATION

Research Fronts: 95-2859 002 (INVASIVE CARDIAC PROCEDURES AMONG CARDIAC PATIENTS; RACIAL ETHNIC-DIFFERENCES; CORONARY HEART-DISEASE MORTALITY; PHYSICIAN SERVICES)

95-1843 001 (EXPRESSION OF HOSTILITY; TYPE-A BEHAVIOR; CARDIOVASCULAR REACTIVITY IN WOMEN; PHYSICAL HEALTH; NEGATIVE EMOTIONS; ACUTE MYOCARDIAL-INFARCTION; TIME URGENCY)

70. Title: Environmental tobacco smoke and lung cancer mortality in the American Cancer Society's Cancer Prevention Study II

Author(s): Cardenas VM; Thun MJ (REPRINT) ; Austin H; Lally CA; Clark WS; Greenberg RS; Heath CW

Corporate Source: AMER CANC SOC,DEPT EPIDEMIOL & SURVEILLANCE RES, 1599 CLIFTON RD NE/ATLANTA//GA/30329 (REPRINT); AMER CANC SOC,DEPT EPIDEMIOL & SURVEILLANCE RES/ATLANTA//GA/30329; EMORY UNIV,ROLLINS SCH PUBL HLTH, DIV EPIDEMIOL/ATLANTA//GA/30322

Journal: CANCER CAUSES & CONTROL, 1997, V8, N1 (JAN), P57-64

ISSN: 0957-5243 Publication date: 19970100

Publisher: RAPID SCIENCE PUBLISHERS, 2-6 BOUNDARY ROW, LONDON, ENGLAND SE1 8NH

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: ONCOLOGY; PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH

Abstract: Environmental tobacco smoke (ETS) has been classified as a human lung carcinogen by the United States Environmental Protection Agency (EPA), based both on the chemical similarity of sidestream and mainstream smoke and on slightly higher lung cancer risk in never-smokers whose spouses smoke compared with those married to nonsmokers. We evaluated the relation between ETS and lung cancer prospectively in the US, among 114,286 female and 19,549 male never-smokers, married to smokers, compared with about 77,000 female and 77,000 male never-smokers whose spouses did not smoke. Multivariate analyses, based on 247 lung cancer deaths, controlled for age, race, diet, and occupation. Dose-response analyses were restricted to 92,222 women whose husbands provided complete information on cigarette smoking and date of marriage. Lung cancer death rates, adjusted for other factors, were 20 percent higher among women whose husbands ever smoked during the current marriage than among those married to never-smokers

(relative risk [RR] = 1.2, 95 percent confidence interval [CI] = 0.8-1.6). For never-smoking men whose wives smoked, the RR was 1.1 (CI = 0.6-1.8). Risk among women was similar or higher when the husband continued to smoke (RR = 1.2, CI = 0.8-1.8), or smoked 40 or more cigarettes per day (RR = 1.9, CI = 1.0-3.6), but did not increase with years of marriage to a smoker. Most CIs included the null. Although generally not statistically significant, these results agree with the EPA summary estimate that spousal smoking increases lung cancer risk by about 20 percent in never-smoking women. Even large prospective studies have limited statistical power to measure precisely the risk from ETS.

Descriptors--Author Keywords: lung cancer ; environmental tobacco smoke ; nonsmokers ; United States

Identifiers--KeyWord Plus(R): NONSMOKING WOMEN; PASSIVE SMOKING; RISK; NITROSAMINES; MEN

Research Fronts: 95-1557 001 (ALCOHOL-USE DISORDERS IDENTIFICATION TEST (AUDIT); SMOKING CESSATION COUNSELING; NICOTINE DEPENDENCE; SCREENING INSTRUMENTS; HEAVY SMOKERS; STAGE OF CHANGE)

95-4637 001 (PROGNOSTIC FACTORS; CHILDRENS CANCER GROUP RANDOMIZED TRIAL; PROLONGED SURVIVAL; SUPRATENTORIAL PRIMITIVE NEUROECTODERMAL TUMORS)

95-5801 001 (ENVIRONMENTAL TOBACCO-SMOKE; LUNG-CANCER AMONG LIFETIME NONSMOKING WOMEN; ETS EXPOSURE)

71. Title: Mutagen sensitivity as a marker of cancer susceptibility

Author(s): Spitz MR (REPRINT) ; Wu XF; Jiang H; Hsu TC

Corporate Source: UNIV TEXAS,MD ANDERSON CANCER CTR, DEPT EPIDEMIOL, BOX 189, 1515 HOLCOMBE BLVD/HOUSTON//TX/77030 (REPRINT); UNIV TEXAS,MD ANDERSON CANC CTR, DEPT CELL BIOL/HOUSTON//TX/77030

Journal: JOURNAL OF CELLULAR BIOCHEMISTRY, 1996, 25, P80-84

ISSN: 0730-2312 Publication date: 19960000

Publisher: WILEY-LISS, DIV JOHN WILEY & SONS INC 605 THIRD AVE, NEW YORK, NY 10158-0012

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences

Journal Subject Category: BIOCHEMISTRY & MOLECULAR BIOLOGY; CELL BIOLOGY

Abstract: Modulation of environmental exposures by host genetic factors may explain interindividual variation in susceptibility to carcinogenesis. One determinant of susceptibility is mutagen sensitivity measured by the frequency of bleomycin-induced breaks in an in vitro lymphocyte assay. Mutagen sensitivity is a significant predictor of aerodigestive tract cancer risk. In this case-control study of lung-cancer susceptibility markers, 54% of 132 lung-cancer cases had mutagen-sensitivity scores greater than or equal to 1 break/cell, compared with only 22% of 232 controls. The mean breaks/cell value (+/-SE) for the 88 African-American cases was 1.11 (+/-0.60), compared with 0.82 (+/-0.49) for the 121 controls ($P < 0.001$). For the 44 Mexican-American cases and 111 controls, the comparable values were 1.11 (+/-0.52) and 0.76 (+/-0.38), respectively. The overall odds ratio (OR) for mutagen sensitivity (dichotomized at greater than or equal to 1 break/cell), after adjusting for ethnicity and smoking status, was 3.62 (95% confidence limits [CL] = 2.2, 5.9). For current smokers the adjusted risk associated with mutagen sensitivity was 2.52 (1.2, 5.3). For former smokers, the comparable OR (95% CL) was 6.19 (2.7, 14.1). The risk estimate for those under 61 years of age was 4.85 (2.3, 10.4), compared with 2.85 (1.5, 5.6) for older subjects. The risk also appeared to be higher for lighter smokers (<20 cigarettes daily) than heavier smokers (ORs = 5.72 and 3.20, respectively). The ethnicity-adjusted ORs by quartile of breaks/cell were 1.0, 1.40, 2.46,

and 4.80; the trend test was significant at $P < 0.001$. The joint effects of mutagen sensitivity and former smoking, current smoking, or heavy smoking were greater than additive, although the interaction terms were not statistically significant in the logistic model. Mutagen sensitivity may therefore be a useful member of a panel of susceptibility markers for defining high-risk subgroups for chemoprevention trials. (C) 1997 Wiley-Liss, Inc.

Descriptors--Author Keywords: bleomycin-induced chromosome breakage ; cancer susceptibility ; lung cancer ; minority populations ; smoking

Identifiers--KeyWord Plus(R): UPPER AERODIGESTIVE TRACT; MULTIPLE PRIMARY MALIGNANCIES; LUNG-CANCER; CARCINOMA PATIENTS; CHROMOSOME-DAMAGE; RISK FACTOR; LYMPHOCYTES; BLEOMYCIN; HEAD; NECK

Research Fronts: 95-2046 001 (GLUTATHIONE TRANSFERASE P1-1; TESTIS SELECTIVE EXPRESSION; RAT PRIMARY HEPATOCYTES)

95-6498 001 (CHROMOSOMAL BREAKAGE; ETHICAL ISSUES; LUNG-CANCER RISK)

72. Title: ASSOCIATION OF TRANSIENT ISCHEMIC ATTACK STROKE SYMPTOMS ASSESSED BY STANDARDIZED QUESTIONNAIRE AND ALGORITHM WITH CEREBROVASCULAR RISK-FACTORS AND CAROTID-ARTERY WALL THICKNESS - THE ARIC STUDY, 1987-1989

Author(s): CHAMBLESS LE; SHAHAR E; SHARRETT AR; HEISS G; WIJNBERG L; PATON CC; SORLIE P; TOOLE JF

Corporate Source: UNIV N CAROLINA, COLLABORAT STUDIES COORDINATINGCTR, 137 E FRANKLIN ST, SUITE 203/CHAPEL HILL//NC/27514; UNIV N CAROLINA, SCH PUBL HLTH, DEPT BIOSTAT/CHAPEL HILL//NC/00000; UNIV MINNESOTA, SCH PUBL HLTH, DIV EPIDEMIOL/MINNEAPOLIS//MN/55455; NHLBI/BETHESDA//MD/20892; UNIV N CAROLINA, SCH PUBL HLTH, DEPT EPIDEMIOL/CHAPEL HILL//NC/00000; WAKE FOREST UNIV, BOWMAN GRAY SCH MED, DEPT NEUROL/WINSTON SALEM//NC/27103

Journal: AMERICAN JOURNAL OF EPIDEMIOLOGY, 1996, V144, N9 (NOV 1), P857-866
ISSN: 0002-9262

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH

Abstract: The baseline examination (1987-1989) for the Atherosclerosis Risk in Communities (ARIC) Study was conducted in 15,792 free-living residents aged 45-64 years in four geographically dispersed US communities. A questionnaire on symptoms of transient ischemic attack (TIA) and stroke was evaluated by computer algorithm for 12,205 of these participants. Data were also collected on lipoprotein levels, hemostasis, hematology, anthropometry, blood pressure, medical history, lifestyle, socioeconomic status, and medication use. Noninvasive high resolution B-mode ultrasonographic imaging was used to determine carotid arterial intimal-medial wall thickness (IMT). The cross-sectional relation between the prevalence of TIA/stroke symptoms and putative risk factors was assessed by logistic regression, controlling for age and community. Odds ratios for TIA/stroke symptoms were significantly elevated (p less than or equal to 0.01) for diabetes mellitus, current smoking, hypertension, lower levels of education, income, and work activity, and higher levels of lipoprotein(a), IMT, hemostasis factor VIII, and von Willebrand factor. However, the relations with education and carotid IMT were not present for black Americans. In whites, the relations of TIA/stroke symptoms to IMT were nonlinear. Only at extreme levels of IMT were symptoms substantially more frequent: For example, men with an IMT greater than 1.17 mm or women with an IMT greater than 0.85 mm had approximately twice the odds of having positive TIA/stroke symptoms as those with lower IMTs. The

authors plan in future analyses to address the issue prospectively, as well as to examine the relation with magnetic resonance imaging-defined outcomes and clinically defined incident stroke.

Descriptors--Author Keywords: ATHEROSCLEROSIS ; CEREBRAL ISCHEMIA, TRANSIENT ; CEREBROVASCULAR DISORDERS ; CORONARY DISEASE ; ETHNIC GROUPS ; RISK FACTORS ; ULTRASONOGRAPHY

Identifiers--KeyWords Plus: CORONARY HEART-DISEASE; LIFE-STYLE FACTORS; CARDIOVASCULAR-DISEASE; MYOCARDIAL-INFARCTION; SERUM-CHOLESTEROL; FAMILY HISTORY; FIBRINOGEN; COPENHAGEN; COHORT; HYPERTENSION

Research Fronts: 94-0796 001 (INSULIN-RESISTANCE IN HYPERTENSION; CORONARY HEART-DISEASE; ANTIHYPERTENSIVE DRUGS; ELDERLY MEN; CARDIOVASCULAR MECHANISMS)

94-2398 001 (CARDIOVASCULAR RISK FACTOR; CORONARY HEART-DISEASE; PREVENTION OF ARTERIAL THROMBOSIS)

73. Title: CORRELATION BETWEEN P450 CYP1A1 INDUCIBILITY, MSpI GENOTYPE AND LUNG-CANCER INCIDENCE

Author(s): JACQUET M; LAMBERT V; BAUDOUX E; MULLER M; KREMERS P; GIELEN J
Corporate Source: CHU SART TILMAN, INST PATHOL B23, SERV CHIM MED/B-4000

LIEGE//BELGIUM//; CHU SART TILMAN, INST PATHOL B23, SERV CHIM MED/B-4000

LIEGE//BELGIUM//; INST MALVOZ, SERV PHYSIOL TRAVAIL/B-4020

LIEGE//BELGIUM//; CHU SART TILMAN, DEPT BLOOD TRANSFUS/B-4000

LIEGE//BELGIUM//

Journal: EUROPEAN JOURNAL OF CANCER, 1996, V032A, N10 (SEP), P1701-1706

ISSN: 0959-8049

Language: ENGLISH Document Type: ARTICLE

Geographic Location: BELGIUM

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: ONCOLOGY

Abstract: The aim of this study was to verify a possible correlation between CYP1A1 induction, MspI genotype and lung cancer incidence. A case-control study was performed on 48 lung cancer patients and 81 healthy subjects to test the existence of a correlation, within a European population. The hyperinducible group exhibited a significantly higher risk of lung cancer (odds ratio 3.41; P = 0.036), especially for adenocarcinoma (odds ratio = 5.29; P = 0.033). In contrast with the situation observed in Asian populations, the frequency of the M2 allele did not differ significantly in the total lung cancer population (7.82%) and the group of healthy subjects (10.71%). The median inducibility value was slightly higher among cancer patients with one or two 1M2 alleles than among patients homozygous for the wild-type allele (P = 0.09). However, the percentage of individuals possessing at least one mutated allele was not significantly higher among hyperinducible patients (37.5%) than among non-hyperinducible patients (16.0%). No significant correlation could be found between M2 allele and lung cancer or between M2 allele and CYP1A1 inducibility; the only positive correlation found was between CYP1A1 hyperinducibility and lung cancer incidence. Our observations do not support the view that the presence of the 1M2 allele at the MspI site of the CYP1A1 gene constitutes a significant lung cancer risk in Caucasians. Copyright (C) 1996 Elsevier Science Ltd

Descriptors--Author Keywords: LUNG CANCER ; SMOKING ; CYP1A1 ; POLYMORPHISM ; INDUCIBILITY ; LYMPHOCYTES ; EROD

Identifiers--KeyWords Plus: CYTOCHROME-P450IA1 GENE; AFRICAN-AMERICANS; POLYMORPHISMS; SUSCEPTIBILITY; EXPRESSION; ASSOCIATION; MUTATION; REGION; GSTM1

Research Fronts: 94-3489 001 (HEPATIC CYTOCHROME-P450 2B INDUCTION; LIVER MICROSOMAL MIXED-FUNCTION OXIDASE ACTIVITIES OF GILTHEAD SEABREAM

(SPARUS-AURATA); GREEN TEA)

74. Title: THE EFFECT OF SOCIOECONOMIC-STATUS ON CHRONIC DISEASE RISK BEHAVIORS AMONG US ADOLESCENTS

Author(s): LOWRY R; KANN L; COLLINS JL; KOLBE LJ

Corporate Source: CTR DIS CONTROL & PREVENT, NATL CTR CHRON DIS PREVENT & HLTH PROMOT, DIV ADOLESCENT & SCH HLTH/ATLANTA//GA/30341

Journal: JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 1996, V276, N10 (SEP 11), P792-797

ISSN: 0098-7484

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Objective.-To examine the relationship between socioeconomic status and risk behaviors for chronic disease among a nationally representative sample of adolescents in the United States.

Design.-Household survey, the Youth Risk Behavior Survey supplement to the 1992 National Health Interview Survey.

Setting.-United States.

Participants.-Nationally representative sample of 6321 adolescents aged 12 to 17 years.

Main Outcome Measures.-Standardized prevalence rates and logistic and multiple regression models were used to examine the effect of educational level of the responsible adult and family income on 5 risk behaviors for chronic disease among adolescents-cigarette smoking, sedentary lifestyle, insufficient consumption of fruits and vegetables, excessive consumption of foods high in fat, and episodic heavy drinking of alcohol.

Results.-Most adolescents (63%) reported 2 or more of the 5 risk behaviors. Controlling for age, sex, race/ethnicity, and school enrollment status of adolescents, as the educational level of the responsible adult increased, cigarette smoking, sedentary lifestyle, and insufficient consumption of fruits and vegetables were less likely among adolescents. Among girls, but not boys, consumption of foods high in fat decreased as education of the responsible adult increased. As family income increased, adolescents were less likely to smoke cigarettes, less likely to be sedentary, and less likely to engage in episodic heavy drinking.

Conclusion.-Among adolescents, risk behaviors for chronic disease are common and inversely related to socioeconomic status. Improved community- and school-based programs to prevent such behaviors among adolescents are needed, especially among socially and economically disadvantaged youth.

Identifiers--KeyWords Plus: CARDIOVASCULAR-DISEASE; HEALTH PROMOTION; BLOOD-PRESSURE; UNITED-STATES; EDUCATION; SMOKING; CHILDHOOD; ADULTHOOD; CANCER; DISPARITIES

Research Fronts: 94-1016 002 (INEQUALITIES IN HEALTH; MATERNAL MORTALITY; CORONARY HEART-DISEASE RATES; SOCIOECONOMIC GRADIENT; SOCIAL DIFFERENTIALS; PHARMACOKINETICS OF SALICYLIC-ACID)

94-2403 001 (SOCIAL SUPPORT; RETIREMENT STATUS PREDICTING HEALTH CONDITIONS 16 YEARS LATER; NETWORK THERAPY)

75. Title: ASPECTS OF THE EPIDEMIOLOGY OF LUNG-CANCER IN SMOKERS AND NONSMOKERS IN THE UNITED-STATES

Author(s): KABAT GC

Corporate Source: ALBERT EINSTEIN COLL MED/BRONX//NY/10467

Journal: LUNG CANCER, 1996, V15, N1 (AUG), P1-20

ISSN: 0169-5002

Language: ENGLISH Document Type: REVIEW

Geographic Location: USA

Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: ONCOLOGY

Abstract: While it is well-established that smoking is the predominant risk factor for lung cancer, it is clear that factors other than smoking and occupational exposure play a role in some lung cancers, and particularly adenocarcinoma. Data from a large, 'hospital-based case-control study are used to examine the association of smoking-related risk factors (amount smoked, filter status, mentholation, and differences in smoking habits between blacks and whites) and selected factors other than smoking (environmental tobacco smoke, previous primary cancer and radiotherapy, reproductive and endocrine factors, and body mass index) with lung cancer. Although smoking shows a dose-response relationship with all major lung cancer cell types, the strength of the relationship is weaker for adenocarcinoma, suggesting that other risk factors must play an important role for this cell type. In blacks and whites of both sexes, odds ratios for lung cancer increased with increasing cumulative tobacco tar intake and decreased with years since quitting smoking. Use of mentholated cigarettes was associated with no greater risk for lung cancer than that associated with the use of nonmentholated cigarettes. Exposure to environmental tobacco smoke generally showed little relation to lung cancer risk. In particular, exposure of nonsmoking wives to a husband's smoking showed no increase in risk. A history of a reproductive primary cancer and a history of radiotherapy were each associated with a fourfold increase in risk in female nonsmokers. An association of lean body mass with lung cancer was observed in current smokers, ex-smokers, and female never smokers. These results are discussed in the context of existing studies. In conclusion, variation in lung cancer rates between populations may be due to: (1) differences in effective exposure to tobacco smoke carcinogens; (2) differences in factors which modify the effect of tobacco smoke, including differences in host susceptibility and metabolism of carcinogens, or (3) differences in exposure to other independent risk factors for lung cancer.

Descriptors--Author Keywords: LUNG CANCER ; SMOKERS AND NONSMOKERS ; RISK FACTORS OTHER THAN SMOKING ; ENVIRONMENTAL TOBACCO SMOKE (ETS) ; PREVIOUS CANCER ; RADIOTHERAPY ; ENDOCRINE FACTORS ; DIFFERENCE BETWEEN BLACKS AND WHITES ; MENTHOLATED CIGARETTES

Identifiers--KeyWords Plus: ENVIRONMENTAL TOBACCO-SMOKE; BODY-MASS INDEX; CIGARETTE-SMOKING; HISTOLOGIC TYPE; RISK-FACTORS; LIFETIME NONSMOKERS; STEROID-RECEPTORS; FAMILY HISTORY; WOMEN; ADENOCARCINOMA

76. Title: HISPANIC VERSUS WHITE SMOKING PATTERNS BY SEX AND LEVEL OF EDUCATION

Author(s): WINKLEBY MA; SCHOOLER C; KRAEMER HC; LIN J; FORTMANN SP

Corporate Source: STANFORD UNIV, SCH MED, STANFORD CTR RES DIS PREVENT, 1000

WELCH RD/PALO ALTO//CA/94304; STANFORD UNIV, DEPT MED/PALO
ALTO//CA/94304

Journal: AMERICAN JOURNAL OF EPIDEMIOLOGY, 1995, V142, N4 (AUG 15), P
410-418

ISSN: 0002-9262

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH

Abstract: Although past studies have compared cigarette smoking patterns in Hispanics and whites, few have examined differences within sex and educational subgroups. Data are presented for 1,088 Hispanic women and men (89% Mexican-American origin) and pairwise matched white women and men (544 pairs), aged 25-74 years, who participated in population-based cross-sectional surveys in California in 1979-1990. Each pair was matched on age, sex, educational level, city of residence, and survey time period. There were large differences in smoking prevalence rates between Hispanic and white pairs with low educational attainment. White women and men with less than a high school education were approximately twice as likely to be current daily cigarette smokers as were similarly educated Hispanic women and men (46.1 vs. 20.6% for women and 52.7 vs. 30.1% for men). As the level of education increased, these ethnic differences in smoking decreased and became negligible among those who completed college. Virtually all low-educated white men (92.5%) and most low-educated white women (73.1%) were either current or former daily smokers. There were large ethnic differences in rates of smoking cessation advice from a physician; only 8.3% of low-educated Hispanic men who were current daily smokers had ever been advised by a physician to stop smoking, compared with 59.6% of low-educated white men. These data confirm ethnic differences in smoking behavior and identify the high smoking rates of white men and women with low educational attainment, thus delineating an often unrecognized group toward whom tobacco prevention and cessation activities should be directed.

Descriptors--Author Keywords: CARDIOVASCULAR DISEASES ; EDUCATION ; ETHNIC GROUPS ; HEALTH BEHAVIOR ; HISPANIC AMERICANS ; SMOKING ; SOCIAL CLASS

Identifiers--KeyWords Plus: STANFORD 5-CITY PROJECT; UNITED-STATES; RISK-FACTORS; CIGARETTE-SMOKING; MEXICAN-AMERICANS; CARDIOVASCULAR-DISEASE; SOCIOECONOMIC-STATUS; SOCIAL-CLASS; MORTALITY; HEALTH

Research Fronts: 93-0528 004 (LONG-TERM COMMUNITY-BASED HEALTH PROMOTION PROGRAMS; STANFORD 5-CITY PROJECT; PREVENTION OF HIGH BLOOD-PRESSURE; CORONARY HEART-DISEASE RISK-FACTORS)

93-0069 001 (NICOTINE PATCHES IN SMOKING CESSATION; NICODERM(R)
(NICOTINE TRANSDERMAL SYSTEM); AFRICAN-AMERICAN WOMEN CIGARETTE SMOKERS)

93-4271 001 (ADOLESCENT SMOKING PREVENTION PROGRAMS; COMPREHENSIVE SCHOOL-HEALTH PROMOTION; SUBSTANCE USE)

93-6377 001 (HISPANIC CHILDREN; TOBACCO RESISTANCE ACTIVITY PROGRAM; DISEASE PREVENTION STRATEGIES)

77. Title: LOW URINARY SODIUM IS ASSOCIATED WITH GREATER RISK OF MYOCARDIAL-INFARCTION AMONG TREATED HYPERTENSIVE MEN

Author(s): ALDERMAN MH; MADHAVAN S; COHEN H; SEALEY JE; LARAGH JH

Corporate Source: ALBERT EINSTEIN COLL MED,DEPT EPIDEMIOL & SOCIAL MED,1300 MORRIS PK AVE,1311 BELFER/BRONX//NY/10461; CORNELL UNIV MED COLL,DEPT MED,CTR CARDIOVASC/NEW YORK//NY/00000

Journal: HYPERTENSION, 1995, V25, N6 (JUN), P1144-1152

ISSN: 0194-911X

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: CARDIOVASCULAR SYSTEM

Abstract: A sodium-reduced diet is frequently recommended for hypertensive individuals. To determine the relationship of sodium intake to subsequent cardiovascular disease, we assessed the experience of participants in a worksite-based cohort of hypertensive subjects. The 24-hour urinary excretion of sodium (UNaV), potassium, creatinine, and plasma renin activity was measured in 2937 mildly and moderately hypertensive subjects who were unmedicated for at least 3-4 weeks. Morbidity and mortality in these systematically treated subjects were ascertained. Men and women were stratified according to sex-specific quartiles of UNaV. Subjects in these strata were similar in race, cardiovascular status, and pretreatment and intreatment blood pressure. Subjects with lower UNaV were thinner, excreted less potassium, and had higher plasma renin activity. During an average 3.8 years of follow-up, a total of 55 myocardial infarctions occurred. Myocardial infarction and UNaV were inversely associated in the total population and in men but not in women, who sustained only nine events. In men, age- and race-adjusted myocardial infarction incidence in the lowest versus highest UNaV quartile was 11.5 versus 2.5 (relative risk, 4.3, 95% confidence interval, 1.7-10.6). No association was observed between non-cardiovascular disease mortality (n=11) and UNaV. There was a significant linear trend in proportions of myocardial infarction by UNaV quartile, with a break point after the lowest UNaV quartile. In the Cox multivariate analysis, log plasma renin activity, age, systolic pressure, and cholesterol as continuous variables as well as left ventricular hypertrophy and smoking had a direct association, and UNaV ($P=.036$) had an inverse, independent association with the incidence of myocardial infarction among these treated hypertensive men.

Descriptors--Author Keywords: SODIUM ; RENIN ; MYOCARDIAL INFARCTION ;
HYPERTENSION ; BLOOD PRESSURE

Identifiers--KeyWords Plus: BLOOD-PRESSURE; SALT INTAKE; CREATININE
CLEARANCE; HEART-DISEASE; WORK SITE; PREDICTION; MORTALITY; STROKE;
BLACK

Research Fronts: 93-0504 001 (RENIN-ANGIOTENSIN SYSTEM; CARDIOVASCULAR
RISK FACTOR; SPONTANEOUSLY HYPERTENSIVE RATS)

93-0754 001 (TREATING HYPERTENSION IN ELDERLY PATIENTS; BLOOD-PRESSURE
MANAGEMENT; 1993 GUIDELINES; ANTIHYPERTENSIVE THERAPY; TRIAL OF
SECONDARY PREVENTION)

93-4170 001 (CREATININE CLEARANCE; DIGOXIN PHARMACOKINETICS; ELDERLY
WOMEN; CHRONIC RENAL-INSUFFICIENCY; INTENSIVE-CARE UNIT; CAPTOPRIL
ADMINISTRATION)

93-4411 001 (PROGNOSTIC FACTORS IN 3 RADIATION-THERAPY ONCOLOGY GROUP
MALIGNANT GLIOMA TRIALS; SMALL-CELL LUNG-CANCER; BONE-MARROW
TRANSPLANTATION; PATIENT AGE)

93-4917 001 (RADIOGRAPHIC KNEE OSTEOARTHRITIS; PATIENT ADHERENCE;
ARTHRITIS EDUCATION; HEALTH OUTCOMES; PHYSICAL THERAPY; UNITED-STATES
ADULTS)

78. Title: BLOOD PARAMETERS ASSOCIATED WITH ATHEROGENIC AND THROMBOGENIC RISK
IN SMOKERS AND NONSMOKERS WITH SIMILAR LIFE-STYLES

Author(s): MCKARN SC; SMITH CJ; PAYNE VM; DOOLITTLE DJ
Corporate Source: RJ REYNOLDS TOBACCO CO, BOWMAN GRAY TECH CTR, DIVCELLULAR
MOLEC BIOL, BLDG 630-2/ WINSTON SALEM//NC/27102
Journal: MODERN PATHOLOGY, 1995, V8, N4 (MAY), P434-440
ISSN: 0893-3952
Language: ENGLISH Document Type: ARTICLE
Geographic Location: USA
Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine
Journal Subject Category: PATHOLOGY

Abstract: Current evidence indicates that life-style factors can affect the risk of developing cardiovascular disease. The life-style of cigarette smokers, as a group, differs in many ways from that of nonsmokers. Most studies that compare clinical pathologic findings related to atherogenic and thrombogenic risk in smokers and nonsmokers do not adequately control for most of the life-style differences between these two groups. In this study, a number of atherogenic risk factors (cholesterol, low-density lipoprotein, high-density lipoprotein, very low-density lipoprotein, high-density lipoprotein/cholesterol, triglycerides, and glucose) and thrombogenic risk factors (total white blood cell count, total red blood cell count; percent of monocytes, lymphocytes, neutrophils, basophils, and eosinophils; interleukin-1, leukotriene B4, hematocrit, hemoglobin, bilirubin, mean corpuscular hemoglobin, mean corpuscular hemoglobin concentration, mean corpuscular volume, platelet count, prothrombin time, partial thromboplastin time, and fibrinogen) were compared in male and female cigarette smokers and nonsmokers who were selected to have approximately similar self-reported life-styles (i.e., food, alcohol, and vitamin consumption and exercise level). However, the smokers (male and female) consumed more coffee ($P < 0.05$) than the nonsmokers. A trend toward blue-collar versus white collar occupational status was also observed in the male smokers relative to male nonsmokers. Cigarette consumption and urinary cotinine and carboxyhemoglobin levels did not differ between male and female smokers. Atherogenic and thrombogenic values were determined from venous blood samples. No statistically significant ($P > 0.05$) differences in clinical pathologic findings related to atherogenic risk were observed between the smokers and nonsmokers. However, several blood parameters related to thrombogenic risk were elevated in male smokers compared with male nonsmokers (white blood cell counts, +26%; fibrinogen levels, +17%; mean corpuscular hemoglobin, +5%; mean corpuscular volume, +4%); one was decreased (prothrombin time, -5%). Only white blood cell count (+43%) was statistically different in female smokers relative to female nonsmokers. None of the statistically significant differences in risk factors were dose dependent with self-reported cigarette, alcohol, or caffeine consumption. In conclusion, our results suggest that reducing confounding life-style differences between smokers and nonsmokers also reduces the difference in clinical values associated with hematologic atherogenic and thrombogenic risk between smokers and nonsmokers.

Descriptors--Author Keywords: THROMBOGENIC ; ATHEROGENIC ; LIPID BIOCHEMISTRY ; LIFE-STYLE ; SMOKING ; CARDIOVASCULAR ; HEMATOLOGIC ; PATHOLOGY

Identifiers--KeyWords Plus: CIGARETTE-SMOKING; HEART-DISEASE; SERUM

Research Fronts: 93-0069 002 (NICOTINE PATCHES IN SMOKING CESSATION; NICODERM(R) (NICOTINE TRANSDERMAL SYSTEM); AFRICAN-AMERICAN WOMEN CIGARETTE SMOKERS)

93-0567 001 (PLASMA HIGH-DENSITY-LIPOPROTEIN CHOLESTEROL; SOY PROTEIN; COPPER DEFICIENCY)

93-6908 001 (ISOLATED RAT HEPATOCYTES; ACETAMINOPHEN HEPATOTOXICITY; REGIONAL DISTRIBUTION; BIOCHEMICAL PARAMETERS)

79. Title: ENVIRONMENTAL TOBACCO-SMOKE AND CORONARY HEART SYNDROMES - ABSENCE OF AN ASSOCIATION

Author(s): GORI GB

Corporate Source: CTR HLTH POLICY, 6704 BARR RD/BETHESDA//MD/20816

Journal: REGULATORY TOXICOLOGY AND PHARMACOLOGY, 1995, V21, N2 (APR), P 281-295

ISSN: 0273-2300

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences

Journal Subject Category: MEDICINE, LEGAL; PHARMACOLOGY & PHARMACY; TOXICOLOGY

Abstract: Concerns about possible cardiovascular and especially coronary effects of environmental tobacco smoke (ETS) derive from the reported effects of active smoking. Despite similarities, however, ETS has composition and physical characteristics different from the mainstream smoke (MS) that active smokers inhale and appears relatively more chemically inert and less biologically active. ETS doses to nonsmokers are small and often below the sensitivity of detection technologies. There are several orders of magnitude less than MS doses in active smokers. Numerous epidemiologic studies report that the active smoking of less than 10 cigarettes/day is not associated with measurable risk of coronary heart disease (CHD). Thus, even assuming that ETS and MS have equivalent biologic activities, conceivable ETS doses to nonsmokers are far below apparent no-effect thresholds for active smoking. Hence, it is no surprise that epidemiologic reports are inconclusive about a possible association of ETS exposure and CHD, some suggesting a slight elevation, others a reduction of risk. Often, the elevations reported are higher than the CHD risk values associated with active smoking. Such equivocations likely result from the presence of contrasting protective or aggravating confounders, of which more than 200 have been reported in the literature-confounders that were not and could not be adequately controlled by any epidemiologic study. By scientific standards, the weight of evidence continues to falsify the hypothesis that ETS exposure might be a CHD risk factor. (C) 1995 Academic Press, Inc.

Identifiers--KeyWords Plus: SIDESTREAM CIGARETTE-SMOKE; LUNG-CANCER PATIENTS; ACUTE MYOCARDIAL-INFARCTION; FACTOR INTERVENTION TRIAL; HYDROCARBON-DNA ADDUCTS; PASSIVE SMOKING; RISK FACTOR; CARDIOVASCULAR-DISEASE; CARCINOGEN METABOLISM; GENERAL-POPULATION

Research Fronts: 93-0069 002 (NICOTINE PATCHES IN SMOKING CESSATION; NICODERM(R) (NICOTINE TRANSDERMAL SYSTEM); AFRICAN-AMERICAN WOMEN CIGARETTE SMOKERS)

93-0757 001 (PREDICTING RODENT CARCINOGENICITY; GENETIC TOXICOLOGY; HAZARD EVALUATION OF CHEMICALS; IN-VIVO BIOCHEMICAL PARAMETERS; MOUSE BONE-MARROW)

93-4965 001 (LUNG-CANCER MORTALITY; MALE SMOKERS; NUTRIENT INTAKE)

93-5546 001 (LUNG-CANCER RISK IN NONSMOKING WOMEN; ENVIRONMENTAL

80. Title: ELASTIN AND COLLAGEN DEGRADATION PRODUCTS IN URINE OF SMOKERS WITH AND WITHOUT CHRONIC OBSTRUCTIVE PULMONARY-DISEASE

Author(s): STONE PJ; GOTTLIEB DJ; OCONNOR GT; CICCOLELLA DE; BREUER R; BRYANRHADFI J; SHAW HA; FRANZBLAU C; SNIDER GL

Corporate Source: BOSTON UNIV,SCH MED,DEPT BIOCHEM,80 E CONCORD ST/BOSTON//MA/02118; BOSTON UNIV,SCH MED,CTR PULM/BOSTON//MA/02118; VET AFFAIRS MED CTR,PULM SECT/BOSTON//MA/00000; MICHAEL REESE HOSP & MED

CTR/CHICAGO//IL/00000; HEBREW UNIV JERUSALEM, HADASSAH MED SCH, INST
PULM/IL-91010 JERUSALEM//ISRAEL/

Journal: AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE, 1995
, V151, N4 (APR), P952-959

ISSN: 1073-449X

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA; ISRAEL

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: CRITICAL CARE; RESPIRATORY SYSTEM

Abstract: It has been hypothesized that emphysema results from damage to the elastic fiber network of the lungs as a result of elastase-antielastase imbalance. We used a new assay for urinary desmosine (DES) and isodesmosine (IDES), specific markers for the degradation of mature crosslinked elastin, and hydroxylysylpyridinoline (HP) and lysylpyridinoline (LP), specific markers for the degradation of mature crosslinked collagen, in order to examine elastin and collagen degradation in relation to current cigarette smoking and the presence of chronic obstructive pulmonary disease (COPD). The study sample consisted of 22 never-smokers (NSM group), 13 current smokers without airflow obstruction (SM group), and 21 patients with COPD (COPD group), including both current and former smokers. The relation between the creatinine-height index and FEV(1) was used to correct for possible loss of muscle mass and decreased excretion of creatinine in the COPD group. Mean urinary excretion of elastin-derived crosslinks in the COPD group (DES, 11.8 +/- 5.1 [mean +/- SD]; IDES, 11.3 +/- 5.0 μ g/g creatinine) and in the SM group (DES, 11.0 +/- 4.2; IDES, 10.2 +/- 2.5 μ g/g creatinine) was significantly higher than in the NSM group (DES, 7.5 +/- 1.4; IDES, 6.9 +/- 1.3 μ g/g creatinine). In multivariate analysis, current smoking and the presence of COPD were significantly and independently associated with higher urinary excretion of elastin degradation products, and there was no significant interaction between current smoking and the presence of COPD. Urinary excretion of HP and LP in the COPD group was significantly higher than in the SM and the NSM groups (51.5 +/- 24.9, 31.1 +/- 8.3, and 24.9 +/- 6.1 nmol/mmol creatinine, respectively, for HP and 12.9 +/- 5.9, 7.0 +/- 1.5, and 4.9 +/- 2.0 nmol/mmol creatinine, respectively, for LP). After adjusting for the effect of sex, urinary HP excretion in the SM group was significantly greater than in the NSM group. Because urinary LP is almost exclusively derived from bone collagen degradation, urinary LP can be used to calculate the relative amounts of bone and soft-tissue-derived HP. The excess HP excretion in the SM and the COPD groups was derived from bone collagen turnover. We conclude that COPD and current smoking are independently associated with elevated elastin and collagen degradation. The excess elastin and collagen degradation associated with COPD appears to persist even after the cessation of smoking.

Identifiers--KeyWords Plus: PERFORMANCE LIQUID-CHROMATOGRAPHY; AIR-FLOW OBSTRUCTION; CIGARETTE-SMOKING; HEALTHY-VOLUNTEERS; NUTRITIONAL-STATUS; LUNG-FUNCTION; CROSS-LINKS; BONE LOSS; DESMOSINE; EMPHYSEMA

Research Fronts: 93-2691 002 (BISPHOSPHONATES IN OSTEOPOROSIS; VERTEBRAL BONE MASS; HIP FRACTURE; EARLY POSTMENOPAUSAL WOMEN; BIOCHEMICAL MARKERS)

93-0069 001 (NICOTINE PATCHES IN SMOKING CESSATION; NICODERM(R) (NICOTINE TRANSDERMAL SYSTEM); AFRICAN-AMERICAN WOMEN CIGARETTE SMOKERS)

81. Title: PASSIVE SMOKING AND HEART-DISEASE - MECHANISMS AND RISK

Author(s): GLANTZ SA; PARMLEY WW

Corporate Source: UNIV CALIF SAN FRANCISCO,CARDIOVASC RES INST,DEPT MED,DIV CARDIOL/SAN FRANCISCO//CA/94143

Journal: JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 1995, V273, N13
(APR 5), P1047-1053

ISSN: 0098-7484

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Objective.-Recent clinical, laboratory, and epidemiological
evidence that passive smoking causes heart disease was reviewed, with
particular emphasis on understanding the underlying physiological and
biochemical mechanisms.

Data Sources.-Publications in the peer-reviewed literature were
located via MEDLINE, citation in other relevant articles, and
appropriate reports by scientific agencies. Greatest emphasis was given
to work published since 1990.

Conclusions.-Passive smoking reduces the blood's ability to deliver
oxygen to the heart and compromises the myocardium's ability to use
oxygen to create adenosine triphosphate. These effects are manifest as
reduced exercise capability in people breathing secondhand smoke.
Secondhand smoke increases platelet activity, accelerates
atherosclerotic lesions, and increases tissue damage following ischemia
or myocardial infarction. The effects of secondhand tobacco smoke on
the cardiovascular system are not caused by a single component of the
smoke, but rather are caused by the effects of many elements, including
carbon monoxide, nicotine, polycyclic aromatic hydrocarbons, and other,
not fully specified elements in the smoke. Nonsmokers exposed to
secondhand smoke in everyday life exhibit an increased risk of both
fatal and nonfatal cardiac events.

Identifiers--KeyWords Plus: CORONARY-ARTERY DISEASE; CIGARETTE-SMOKE;
CARBON-MONOXIDE; CARDIOVASCULAR-DISEASE; MYOCARDIAL-INFARCTION;
EXERCISE PERFORMANCE; PLATELET SENSITIVITY; TOBACCO-SMOKE; LUNG-CANCER;
ENDOTHELIUM

Research Fronts: 93-0069 004 (NICOTINE PATCHES IN SMOKING CESSATION;
NICODERM(R) (NICOTINE TRANSDERMAL SYSTEM); AFRICAN-AMERICAN WOMEN
CIGARETTE SMOKERS)

93-2422 001 (OXIDATION OF LOW-DENSITY LIPOPROTEINS; MACROPHAGE
SCAVENGER RECEPTORS; SMOOTH-MUSCLE CELLS IN ATHEROSCLEROSIS)

93-7498 001 (CORONARY HEART-DISEASE; PREVENTION OF ACUTE
MYOCARDIAL-INFARCTION; TICLOPIDINE THERAPY; CARDIOVASCULAR RISK FACTOR;
ANTIPLATELET AGENTS)

82. Title: CHILDHOOD SOCIOECONOMIC-STATUS AND RISK OF CARDIOVASCULAR-DISEASE IN
MIDDLE-AGED US WOMEN - A PROSPECTIVE-STUDY

Author(s): GLIKSMAN MD; KAWACHI I; HUNTER D; COLDITZ GA; MANSON JE;
STAMPFER MJ; SPEIZER FE; WILLETT WC; HENNEKENS CH

Corporate Source: HARVARD UNIV,SCH MED,CHANNING LAB,DEPT MED,180 LONGWOOD
AVE/BOSTON//MA/02115; HARVARD UNIV,SCH MED,CHANNING LAB,DEPT
MED/BOSTON//MA/02115; BRIGHAM & WOMENS HOSP/BOSTON//MA/02115; HARVARD
UNIV,SCH PUBL HLTH,DIV PREVENT MED/BOSTON//MA/00000; HARVARD UNIV,SCH
PUBL HLTH,DEPT HLTH & SOCIAL BEHAV/BOSTON//MA/00000; HARVARD UNIV,SCH
PUBL HLTH,DEPT NUTR/BOSTON//MA/00000; HARVARD UNIV,SCH PUBL HLTH,DEPT
EPIDEMIOL/BOSTON//MA/00000

Journal: JOURNAL OF EPIDEMIOLOGY AND COMMUNITY HEALTH, 1995, V49, N1 (FEB)
, P10-15

ISSN: 0143-005X

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH

Abstract: Objective - To examine prospectively the relationship of
childhood socioeconomic status and risk of cardiovascular disease in
middle aged women.

Design - A prospective cohort of women with 14 years follow up data
(1976-90).

Subjects - A total of 117006 registered female nurses aged 30 to 55
years in 1976 and free of diagnosed coronary heart disease, stroke, and
cancer at baseline.

Main outcome measures - Incident fatal coronary heart disease,
non-fatal myocardial infarction, and stroke (fatal and non-fatal).

Results - Low socioeconomic status in childhood was associated with
a modestly increased risk of incident non-fatal myocardial infarction
and total cardiovascular disease in adulthood. Compared with middle
aged women from white collar childhood backgrounds, the age adjusted
risk of total cardiovascular disease for women from blue collar
backgrounds was 1.13 (95% CI 1.02, 1.24) and that of non-fatal
myocardial infarction was 1.23 (95% CI 1.06, 1.42). No significant
increase in risk was observed for stroke or fatal coronary heart
disease. Adjustment for differences in family and personal past medical
history, medication use, exercise, alcohol intake, birth weight, being
breastfed in infancy, and adult socioeconomic circumstance somewhat
attenuated the increased risks observed for women from blue collar
childhood socioeconomic backgrounds. In multivariate analysis, women
whose fathers had been manual labourers had the highest relative risk
of total coronary heart disease (RR = 1.53, 95% CI 1.09, 2.16) and
non-fatal myocardial infarction (RR = 1.67; 95% CI 1.11, 2.53) when
compared with women whose fathers had been employed in the professions.

Conclusions - In this group lower childhood socioeconomic status
was associated with a small but significant increase in the risk of
total coronary heart disease as well as non-fatal myocardial
infarction. For women from the most socioeconomically disadvantaged
childhood backgrounds, the association is not explained by differences
in a large number of cardiovascular risk factors, by differences in
adult socioeconomic status, or by differences in indices of nutrition
during gestation or infancy.

Identifiers--KeyWords Plus: CORONARY HEART-DISEASE; SELF-ADMINISTERED
QUESTIONNAIRE; PHYSICAL-ACTIVITY; SOCIAL-CLASS; ALCOHOL-CONSUMPTION;
CIGARETTE-SMOKING; RELATIVE WEIGHT; STROKE; HEALTH; INEQUALITIES

Research Fronts: 93-1133 001 (BREAST-CANCER RISK; NUTRIENT INTAKE;
VALIDITY OF A SHORT FOOD FREQUENCY QUESTIONNAIRE; WOMENS HEALTH;
COLORECTAL ADENOMAS; NUTRITIONAL EPIDEMIOLOGY)

93-1862 001 (HORMONE REPLACEMENT THERAPY; POSTMENOPAUSAL WOMEN; PERORAL
ESTROGEN SUBSTITUTION)

93-2900 001 (OLIVE OIL; BLOOD CHOLESTEROL; DIETARY MONOUNSATURATED
FATTY-ACIDS; PLASMA LOW-DENSITY LIPOPROTEINS; CORONARY HEART-DISEASE)

93-3761 001 (SOCIOECONOMIC HEALTH INEQUALITIES; PREMATURE MORTALITY;
UNITED-STATES ELDERLY POPULATION; NATIONAL COHORT)

93-7476 001 (ALCOHOL INTAKE; CORONARY HEART-DISEASE MORTALITY; RISK OF
ACUTE MYOCARDIAL-INFARCTION)

93-8036 001 (CORONARY HEART-DISEASE; ANTIOXIDANT VITAMINS; RISK OF
MYOCARDIAL-INFARCTION)

83. Title: GENDER DIFFERENCES IN SMOKING CESSATION AFTER 3 YEARS IN THE LUNG HEALTH STUDY

Author(s): BJORNSEN W; RAND C; CONNETT JE; LINDGREN P; NIDES M; POPE F; BUIST AS; HOPPERYAN C; OHARA P

Corporate Source: OREGON HLTH SCI UNIV,DEPT PHYSIOL,3181 SW SAM JACKSON PK,RD L334A/PORTLAND//OR/97201; JOHNS HOPKINS UNIV,SCH MED,DIV PULM & CRIT CAREMED/BALTIMORE//MD/00000; UNIV MINNESOTA,SCH PUBL HLTH,DIV BIOSTAT/MINNEAPOLIS//MN/55455; UNIV CALIF LOS ANGELES,SCH MED,DIV PULM MED/LOSANGELES//CA/00000; UNIV PITTSBURGH,SCH MED,DIV PULM MED/PITTSBURGH//PA/00000; HENRY FORD HLTH SYST,DIV PULM & CRIT CARE MED/DETROIT//MI/00000; UNIV MIAMI,SCH MED,DEPT EPIDEMIOL & PUBL HLTH/MIAMI//FL/00000

Journal: AMERICAN JOURNAL OF PUBLIC HEALTH, 1995, V85, N2 (FEB), P223-230

ISSN: 0090-0036

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SocSearch; SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine; CC SOCS--Current Contents, Social & Behavioral Sciences

Journal Subject Category: PUBLIC HEALTH

Abstract: Objectives. An analysis of gender differences in smoking cessation was conducted among 3923 participants in the Special Intervention group of the Lung Health Study. This report focuses on gender differences in sustained quit rates at 12 and 36 months.

Methods. Special Intervention. participants were offered a 12-session, 12-week smoking cessation program using nicotine gum and were followed for 3 years. Self-reported smoking status was validated with carbon monoxide and salivary cotinine.

Results Men had higher sustained quit rates at 12 and 36 months; gender differences were found in baseline variables that also predicted sustained abstinence; and controlling for selected baseline variables reduced the association between gender and sustained abstinence. When other variables were controlled, gender predicted sustained abstinence at 36 months (odds ratio [OR] = 1.24, 95% confidence interval [CI]= 1.04, 1.48) but not 12 months (OR = 1.08, 95% CI = 0.92, 1.27), reflecting more late relapse among women.

Conclusions. Demographics and smoking history were more important than gender per se in sustained smoking cessation in the Lung Health Study. Programs tailoring smoking cessation by gender need to include coping skills for problems associated with less education and social support and for improving persistence with quit attempts.

Identifiers--KeyWords Plus: UNITED-STATES; CIGARETTE-SMOKING; QUIT SMOKING; WOMEN; INTERVENTION; TRENDS

Research Fronts: 93-0069 002 (NICOTINE PATCHES IN SMOKING CESSATION; NICODERM(R) (NICOTINE TRANSDERMAL SYSTEM); AFRICAN-AMERICAN WOMEN CIGARETTE SMOKERS)

93-0528 002 (LONG-TERM COMMUNITY-BASED HEALTH PROMOTION PROGRAMS; STANFORD 5-CITY PROJECT; PREVENTION OF HIGH BLOOD-PRESSURE; CORONARY HEART-DISEASE RISK-FACTORS)

93-1362 001 (RESPIRATORY MUSCLE FUNCTION IN CHRONIC OBSTRUCTIVE PULMONARY-DISEASE; DIAPHRAGMATIC FATIGUE; VENTILATORY FAILURE; INSPIRATORY PRESSURES)

84. Title: POLYMORPHISMS OF THE BETA-FIBRINOGEN GENE AND PLASMA-FIBRINOGEN CONCENTRATION IN CAUCASIAN AND JAPANESE POPULATION SAMPLES

Author(s): ISO H; FOLSOM AR; WINKELMANN JC; KOIKE K; HARADA S; GREENBERG B; SATO S; SHIMAMOTO T; IIDA M; KOMACHI Y
Corporate Source: UNIV TSUKUBA, INST COMMUNITY MED, 1-1-1
TENNODAI/TSUKUBA/IBARAKI 305/JAPAN/; UNIV MINNESOTA, SCH PUBL HLTH, DIV EPIDEMIOL/MINNEAPOLIS//MN/00000; UNIV MINNESOTA, SCH MED, INST HUMAN GENET/MINNEAPOLIS//MN/00000; UNIV MINNESOTA, SCH MED, DEPT MED/MINNEAPOLIS//MN/00000; UNIV MINNESOTA, SCH MED, CLIN RES CTR, CORE LAB/MINNEAPOLIS//MN/55455; CTR ADULT DIS, DEPT EPIDEMIOL & MASS EXAMINAT/OSAKA//JAPAN/; OSAKA PREFECTURAL INST PUBL HLTH/OSAKA//JAPAN/
Journal: THROMBOSIS AND HAEMOSTASIS, 1995, V73, N1 (JAN), P106-111
ISSN: 0340-6245
Language: ENGLISH Document Type: ARTICLE
Geographic Location: USA; JAPAN
Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences
Journal Subject Category: HEMATOLOGY; CARDIOVASCULAR SYSTEM; VASCULAR DISEASES
Abstract: We reported previously that plasma fibrinogen was significantly higher in U.S. Caucasians than in Japanese, which may contribute to the higher mortality rate of coronary heart disease in the United States than in Japan. To examine the contribution of genetic variations to the race difference in plasma fibrinogen levels, restriction fragment length polymorphisms (RFLPs) of the beta fibrinogen gene were examined in 293 nonsmoking Caucasians and Japanese men and women aged 47-69 years. Three RFLPs were detected by digestion of genomic DNA using the BclI restriction enzyme, polymerase chain reaction (PCR) products using Haem and HindIII. The alleles B2 (4.2 kb, BclI digestion), H2 (957 b, HaeIII) and Hd2 (465 b, HindIII) were associated with higher fibrinogen concentrations in previous studies. Because of a strong linkage disequilibrium between Haem and HindIII polymorphisms, the data of HindIII was presented. The frequency of the B2 allele was 22% (95% CI: 17-27%) for Caucasians and 13% (10-17%) for Japanese (the difference: $p < 0.01$). The respective frequency of the Hd2 allele was 26% (21-31%) and 12% (8-16%) ($p < 0.001$). After controlling for age, body mass index, alcohol intake, triglycerides, fish intake, and for women, menopausal status and hormone replacement therapy, the adjusted mean fibrinogen level among Caucasians was 289 mg/dl for genotype B1B1 and 301 mg/dl for genotype B1B2 or B2B2 combined ($p = 0.18$), and 285 mg/dl for Hd1Hd1 and 306 mg/dl for Hd1Hd2 or Hd2Hd2 combined ($p = 0.03$). The respective mean values among Japanese were 251 mg/dl for B1B1 and 257 mg/dl for B1B2 or B2B2 combined ($p = 0.37$), 248 mg/dl for Hd1Hd1 and 259 mg/dl for Hd1Hd2 or Hd2Hd2 combined ($p = 0.16$). These polymorphisms had a similar effect on plasma fibrinogen concentrations for both men and women. The results suggest that a genetic difference may partly explain the higher plasma fibrinogen in Caucasians than in Japanese.
Identifiers--KeyWords Plus: ISCHEMIC-HEART-DISEASE; RISK-FACTORS; CARDIOVASCULAR-DISEASE; MYOCARDIAL-INFARCTION; HEMOSTATIC VARIABLES; BODY-WEIGHT; FACTOR-VII; SMOKING; ALCOHOL; STROKE
Research Fronts: 93-4013 008 (HEMOSTATIC RISK-FACTORS FOR CORONARY

4/11 85. Title: PATTERNS OF CIGARETTE CONSUMPTION AND COTININE LEVELS AMONG AFRICAN-AMERICAN WOMEN SMOKERS
Author(s): AHIJEVYCH KL; WEWERS ME
Corporate Source: OHIO STATE UNIV, COLL NURSING, DEPT ADULT HLTH & ILLNESS NURSING, 1585 NEIL AVE/COLUMBUS//OH/43210
Journal: AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE, 1994, V150, N5 (NOV), P1229-1233
ISSN: 1073-449X
Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: CRITICAL CARE; RESPIRATORY SYSTEM

Abstract: Cigarette smoking intensifies a number of serious health problems, including lung cancer, hypertension, low birth weight, and infant mortality, that disproportionately affect black Americans. Cotinine, a major nicotine metabolite, is one indicator of smoke exposure. It has been reported that black women have higher mean cotinine levels than white women. This divergence may be attributed to biologic factors or to inaccuracy in reporting cigarette use. The purpose of this study was to characterize nicotine dependence and the relationship between self-reported cigarette use and cotinine levels among black women smokers. The sample consisted of 142 black women cigarette smokers recruited individually at urban health centers and worksites. A cotinine/cigarette ratio was determined for light, moderate, and heavy smokers. Underreporting of cigarette consumption, previously defined as cotinine value > 25 ng/ml/cigarette, ranged from 86% among light smokers to 70% among moderate smokers and 21% among heavy smokers. There were significant differences in cotinine/cigarette and nicotine dependence scores across levels of smoking. Average cotinine/cigarette values were higher in black women compared with previous reports for Mexican American women smokers. No comparable values are available for white women. Additional study is needed to begin to explain variations in levels of cotinine, as well as perceived nicotine dependence among black women.

Identifiers--KeyWords Plus: NICOTINE EXPOSURE; SMOKING; CHROMATOGRAPHY;
WHITES; PLASMA; SALIVA

Research Fronts: 92-2305 003 (SOCIAL DEPRIVATION; INEQUALITY IN HEALTH;
CARDIOVASCULAR-DISEASE RISK-FACTORS; SCOTTISH POPULATION; DIETARY
NICOTINE; GENERAL-PRACTICE WORKLOAD)

92-5441 001 (SMOKING CESSATION; PREVENTIVE HEALTH BEHAVIOR AMONG
BLACK-AND-WHITE WOMEN; TOBACCO USE)

86. Title: COMMUNITY INTERVENTION AND TRENDS IN DIETARY-FAT CONSUMPTION AMONG
BLACK-AND-WHITE ADULTS

Author(s): CROFT JB; TEMPLE SP; LANKENAU B; HEATH GW; MACERA CA; EAKER ED;
WHEELER FC

Corporate Source: CTR DIS CONTROL & PREVENT, NATL CTR CHRON DIS PREVENT &
HLTH PROMOT/ATLANTA//GA/30341; CTR DIS CONTROL & PREVENT, EPIDEMIOL
PROGRAM OFF/ATLANTA//GA/30341; UNIV S CAROLINA, SCH PUBL HLTH, CTR HLTH
PROMOT & DIS PREVENT/COLUMBIA//SC/29208; S CAROLINA DEPT HLTH & ENVIRONM
CONTROL, CTR HLTH PROMOT/COLUMBIA//SC/00000

Journal: JOURNAL OF THE AMERICAN DIETETIC ASSOCIATION, 1994, V94, N11 (NOV)
, P1284-1290

ISSN: 0002-8223

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC AGRI--Current Contents, Agriculture, Biology &
Environmental Sciences; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: NUTRITION & DIETETICS

Abstract: Objectives This study assessed whether a state public health department could effectively implement an affordable nutrition intervention program at the community level.

Design Cross-sectional data were collected via telephone surveys of 9,839 adults, aged 18 years or older, in 1987, 1989, and 1991 in two South Carolina communities. Nutrition education programs began in 1988 in one community. The other community served as a comparison site. We

assessed and compared changes in community levels of dietary fat and weekly meat consumption salt use, and nutrition promotion awareness with analysis of covariance regression techniques that included race, sex, and age as covariates.

Results We observed favorable changes in most eating behaviors and levels of awareness in both communities. The intervention community experienced greater absolute changes than the comparison community in use of animal fats (-8.9% vs -4.0%; P=.02) and liquid or soft vegetable fats (+8.4% vs +3.6%; P=.04), and in awareness of restaurant nutrition information (+33.0% vs + 19.4%; P=.0001). Although the primary type of dietary fat used differed between black and white respondents, we observed significant change among both groups.

Conclusions These results suggest that community-wide nutrition education programs may have augmented regional or national changes in dietary behavior among white and black adults in the intervention community.

Identifiers--KeyWords Plus: HEART-HEALTH-PROGRAM; STANFORD 5-CITY PROJECT; NUTRITION EDUCATION-PROGRAM; CARDIOVASCULAR-DISEASE; UNITED-STATES; COMMUNITY; INFORMATION; FOOD; PREVENTION; IMPACT

Research Fronts: 92-5349 002 (MULTIPLE CARDIOVASCULAR-DISEASE RISK-FACTORS; HEALTH BEHAVIOR; SMOKING CESSATION; INTERVENTIONS IN ADULTS; NUTRITION EDUCATION)

92-1477 001 (QUALITY OF YOUNG CHILDRENS DIETS; NUTRIENT INTAKE; UNITED-STATES POPULATION; MATERNAL EMPLOYMENT)

87. Title: SMOKING AND LUNG-CANCER - SCIENTIFIC CHALLENGES AND OPPORTUNITIES

Author(s): WYNDER EL; HOFFMANN D

Corporate Source: AMER HLTH FDN, 320 E 43RD ST/NEW YORK//NY/10017; AMER HLTH FDN, NAYLOR DANA INST DIS PREVENT/VALHALLA//NY/10595

Journal: CANCER RESEARCH, 1994, V54, N20 (OCT 15), P5284-5295

ISSN: 0008-5472

Language: ENGLISH Document Type: REVIEW

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: ONCOLOGY

Identifiers--KeyWords Plus: DEBRISOQUINE METABOLIC PHENOTYPE; RAS ONCOGENE ACTIVATION; CIGARETTE-SMOKING; UNITED-STATES; PASSIVE SMOKING; 4-(METHYLNITROSAMINO)-1-(3-PYRIDYL)-1-BUTANONE NNK; DIMETHYLNITROSAMINE CARCINOGENESIS; BRONCHIOGENIC-CARCINOMA; STEROID-RECEPTORS; HISTOLOGIC TYPES

Research Fronts: 92-0687 001 (SMOKING CESSATION; NICOTINE ADDICTION; PUBLIC-HEALTH PRACTICE OF TOBACCO CONTROL)

92-2305 001 (SOCIAL DEPRIVATION; INEQUALITY IN HEALTH; CARDIOVASCULAR-DISEASE RISK-FACTORS; SCOTTISH POPULATION; DIETARY NICOTINE; GENERAL-PRACTICE WORKLOAD)

92-2789 001 (SMOKELESS TOBACCO LESIONS IN PROFESSIONAL BASEBALL PLAYERS; RISK OF LEUKEMIA; UPPER AERODIGESTIVE TRACT CANCER)

92-4505 001 (CANCER MORTALITY-RATES; NON-HODGKINS-LYMPHOMA TIME TRENDS; EPIDEMIOLOGY OF MULTIPLE-MYELOMA)

92-4923 001 (INVITED COMMENTARY; CANCER RISK; SOCIOLEGAL HISTORY OF THE TOBACCO TORT LITIGATION)

92-5441 001 (SMOKING CESSATION; PREVENTIVE HEALTH BEHAVIOR AMONG BLACK-AND-WHITE WOMEN; TOBACCO USE)

88. Title: HISPANIC WHITE DIFFERENCES IN DIETARY-FAT INTAKE AMONG LOW EDUCATED ADULTS AND CHILDREN

Author(s): WINKLEBY MA; ALBRIGHT CL; HOWARDPITNEY B; LIN J; FORTMANN SP
Corporate Source: STANFORD UNIV, SCH MED, STANFORD CTR RES DIS PREVENT, 100

WELCH RD/PALO ALTO//CA/94304; STANFORD UNIV, DEPT MED/PALO
ALTO//CA/94304

Journal: PREVENTIVE MEDICINE, 1994, V23, N4 (JUL), P465-473

ISSN: 0091-7435

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH; MEDICINE, GENERAL & INTERNAL

Abstract: Background. This comparative study tests for ethnic differences in dietary fat consumption in a community-based sample of Hispanic and white adults with low educational attainment (<12 years of schooling) and a separate sample of their children.

Methods. Data are presented for adults (age 20-64, n 886) and youths (age 12-19, n = 170) from four California cities who participated in one of four sequential cross-sectional surveys (1981-1990).

Results. After adjustment for age, sex, city of residence, and time of survey, white adults were significantly ($P < 0.03$) more likely than Hispanic adults to have eaten high-fat foods in the last 24 hr, such as red meat (75.7% vs 68.4%), cured meats, (39.1% vs 25.8%), and cheese (41.4% vs 32.7%). Furthermore, white adults consumed significantly ($P < 0.001$) more fat, as measured by percentage of calories from total fat (37.7% vs 33.3%) and saturated fat (13.7% vs 11.8%), and consumed significantly less dietary carbohydrate (45.5% vs 49.7%) and fiber (17.1 g vs 26.0 g) than Hispanic adults. Ethnic differences were similar for the youth sample (except for carbohydrates), but were generally not significant. A graded relationship was found between acculturation and dietary measures, where more acculturated Hispanics (English-speaking) were intermediate between less acculturated Hispanics (Spanish-speaking) and whites in their dietary intake.

Conclusions. This study illustrates the high dietary fat consumption of whites with low educational attainment, the increasing fat consumption of Hispanics at higher levels of acculturation, and the need for effective dietary interventions for low educated whites and Hispanics. (C) 1994 Academic Press, Inc.

Identifiers--KeyWords Plus: STANFORD 5-CITY PROJECT; CARDIOVASCULAR RISK-FACTORS; CORONARY HEART-DISEASE; COMMUNITY-HEALTH EDUCATION; MEXICAN-AMERICANS; SOCIOECONOMIC-STATUS; UNITED-STATES; ANGLO-AMERICANS; NUTRIENT INTAKE; MORTALITY

Research Fronts: 92-5349 002 (MULTIPLE CARDIOVASCULAR-DISEASE RISK-FACTORS; HEALTH BEHAVIOR; SMOKING CESSATION; INTERVENTIONS IN ADULTS; NUTRITION EDUCATION)

92-1200 001 (EATING DISORDERS; NORMAL WEIGHT BULIMIA-NERVOSA; SEMIQUANTITATIVE FOOD FREQUENCY QUESTIONNAIRES; FUNDAMENTAL PRINCIPLES OF ENERGY PHYSIOLOGY)

92-3195 001 (PSYCHOLOGICAL ACCULTURATION; HISPANICS IN SAN-FRANCISCO; EXTREME SOUTH TEXAS; MEXICAN-AMERICAN WOMEN; PREDICTORS OF CONDOM ACCESSIBILITY)

89. Title: RACE-SPECIFIC AND ETHNICITY-SPECIFIC CHARACTERISTICS OF PARTICIPANTS

LOST TO FOLLOW-UP IN A TELEPHONE COHORT

Author(s): PSATY BM; CHEADLE A; KOESELL TD; DIEHR P; WICKIZER T; CURRY S;

VONKORFF M; PERRIN EB; PEARSON DC; WAGNER EH

Corporate Source: GRP HLTH COOPERAT PUGET SOUND, CTR HLTH

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STUDIES/SEATTLE//WA/98101; UNIV WASHINGTON, SCH MED, DEPT

MED/SEATTLE//WA/98195; UNIV WASHINGTON, SCH PUBL HLTH & COMMUNITY

MED, DEPT HLTH SERV/SEATTLE//WA/98195; UNIV WASHINGTON, SCH PUBL HLTH &

COMMUNITY MED, DEPT BIOSTAT/SEATTLE//WA/98195

Journal: AMERICAN JOURNAL OF EPIDEMIOLOGY, 1994, V140, N2 (JUL 15), P

161-171

ISSN: 0002-9262

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--

Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH

Abstract: The purpose of this study was to describe race- and ethnicity-specific characteristics of subjects lost to follow-up. For a study of community-based health interventions, adult subjects from 11 US communities were initially recruited by random digit dialing and interviewed by telephone in 1988; 2 years later, they were recontacted, and the same survey was administered a second time. Associations with loss to follow-up were assessed in separate models for whites, African Americans, Hispanic Americans, and Asian Americans. After 2 years, 40.8% of the 5,851 participants were lost to follow-up; cohort attrition was highest among African Americans (51.3%) and lowest among whites (37.5%). Age, aspects of employment, education, marital status, and income were significant independent predictors of loss to follow-up for one or more of the four racial and ethnic groups. Characteristics of subjects lost to follow-up in this telephone cohort differed among various racial and ethnic groups. After adjustment for demographic, socioeconomic, and health status variables, the important behavioral predictors of loss to follow-up were current smoking for whites ($p < 0.05$), having a high fat diet for African Americans ($p < 0.10$), consuming one or more alcoholic drinks per day for Hispanic Americans ($p < 0.10$), and high levels of physical activity for Asian Americans ($p < 0.05$).

Descriptors--Author Keywords: EPIDEMIOLOGIC METHODS ; ETHNIC GROUPS ; FOLLOW-UP STUDIES ; HEALTH BEHAVIOR ; HEALTH STATUS ; HEALTH SURVEYS ; INTERVIEWS ; SAMPLING STUDIES

Identifiers--KeyWords Plus: STANFORD 5-CITY PROJECT; DISEASE RISK-FACTORS; CIGARETTE-SMOKING; HEALTH PROMOTION; COMMUNITY; DESIGN; PREVALENCE; ATTRITION; ATTITUDES; PROGRAM

Research Fronts: 92-5349 002 (MULTIPLE CARDIOVASCULAR-DISEASE RISK-FACTORS; HEALTH BEHAVIOR; SMOKING CESSATION; INTERVENTIONS IN ADULTS; NUTRITION EDUCATION)

92-8034 001 (BREAST-CANCER RISK; SCREENING BEHAVIOR; NON-HODGKINS-LYMPHOMA AMONG MEN; FAMILY HISTORY; PET POPULATIONS; AIDS KNOWLEDGE)

90. Title: RESPIRATORY-DISEASES IN MINORITIES OF THE UNITED-STATES

Author(s): COULTAS DB; CONG H; GRAD R; HANDLER A; MCCURDY SA; PLAYER R;

RHOADES ER; SAMET JM; THOMAS A; WESTLEY M

Corporate Source: UNIV NEW MEXICO, SCH MED, CTR CANC RES & TREATMENT, NEW

MEXICO TUMOR REGISTRY, 900 CAMINO SALUD NE/ALBUQUERQUE//NM/87131; UNIV

NEW MEXICO, SCH MED, DEPT MED, DIV PULM & CRIT CARE/ALBUQUERQUE//NM/87131;

UNIV NEW MEXICO, SCH MED, DEPT PEDIAT/ALBUQUERQUE//NM/87131; RANCHO LOS

AMIGOS MED CTR, ENVIRONM HLTH SERV/DOWNEY//CA/00000; US INDIAN HLTH SERV/ROCKVILLE//MD/00000; JEFFERSON CLIN PC, DEPT MED, DIV PULM/BIRMINGHAM//AL/00000; UNIV OKLAHOMA, COLL MED, OFF DEAN/OKLAHOMA CITY//OK/00000; HOWARD UNIV, DEPT MED, DIV PULM & CRIT CARE MED/WASHINGTON//DC/20059; UNIV CALIF DAVIS, INST TOXICOL & ENVIRONM HLTH, DIV ENVIRONM & OCCUPAT MED/DAVIS//CA/95616; ALASKA NATIVE MED CTR, DEPT MED, DIV PULM DIS/ANCHORAGE//AK/00000

Journal: AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE, 1994, V149, N3 (MAR), PS93-S131

ISSN: 1073-449X

Language: ENGLISH Document Type: REVIEW

Geographic Location: USA

Subfile: SciSearch; CC LIFE-Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: CRITICAL CARE; RESPIRATORY SYSTEM

Identifiers-KeyWords Plus: SICKLE-CELL DISEASE; ACUTE CHEST SYNDROME; NEW-YORK-CITY; NEW-MEXICO HISPANICS; INVASIVE PNEUMOCOCCAL DISEASE; CARDIOVASCULAR RISK-FACTORS; AMERICAN-INDIAN POPULATION; SOUTHEAST ASIAN REFUGEES; EFFECTIVE MEDICAL-CARE; INFANT DEATH SYNDROME

Research Fronts: 92-1850 003 (PULMONARY TUBERCULOSIS; HUMAN-IMMUNODEFICIENCY-VIRUS INFECTION; MYCOBACTERIAL ANTIGENS IN HIV)

92-0687 002 (SMOKING CESSATION; NICOTINE ADDICTION; PUBLIC-HEALTH PRACTICE OF TOBACCO CONTROL)

92-5441 002 (SMOKING CESSATION; PREVENTIVE HEALTH BEHAVIOR AMONG BLACK-AND-WHITE WOMEN; TOBACCO USE)

92-5958 002 (ILLNESS EXPERIENCE IN CHRONIC FATIGUE SYNDROME; HEALTH BEHAVIOR; AIDS PREVENTION; RISK MANAGEMENT; ANTHROPOLOGY OF MENSTRUATION)

92-0439 001 (DRUG-USE IN URBAN ADOLESCENTS; SUBSTANCE-ABUSE PREVENTION; PROTECTIVE FACTORS; EARLY ADULTHOOD)

92-0616 001 (AIDS PREVENTION; HIV RISK ASSOCIATED SEXUAL BEHAVIORS; INNER-CITY ADOLESCENT FEMALES; HIGH-SCHOOL-STUDENTS KNOWLEDGE; CHILDREN OF DIVORCE; GAY MEN)

92-0842 001 (CYSTIC-FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR; ADP OF CFTR CHLORIDE CHANNELS; ANION SELECTIVITY DEMONSTRATES EXPRESSION)

92-0911 001 (HAEMOPHILUS-INFLUENZAE TYPE-B; CONJUGATE VACCINES; POLYSACCHARIDE ENCAPSULATED BACTERIAL-INFECTION)

92-1611 001 (ASBESTOS FIBERS; MALIGNANT MESOTHELIOMA; MINERAL DUST EXPOSURE)

92-1661 001 (PRONE SLEEPING POSITION; SUDDEN INFANT DEATH; REDUCING RISKS)

92-2305 001 (SOCIAL DEPRIVATION; INEQUALITY IN HEALTH; CARDIOVASCULAR-DISEASE RISK-FACTORS; SCOTTISH POPULATION; DIETARY NICOTINE; GENERAL-PRACTICE WORKLOAD)

92-2771 001 (PULMONARY TUBERCULOSIS; CURRENT CHEMOTHERAPY; PYRAZINAMIDE STERILIZING ACTIVITY INVITRO)

92-5759 001 (SICKLE-CELL DISEASE; NEWBORN SCREENING; PNEUMOCOCCAL POLYSACCHARIDE VACCINES)

91. Title: SMOKING AND SOCIAL-CLASS IN FRANCE FROM 1974 TO 1991

Author(s): SASCO AJ; GRIZEAU D; POBEL D; CHATARD O; DANZON M

Corporate Source: CTR INT RECH CANC, UNITE EPIDEMIOL ANALYT, 150 COURS ALBERT THOMAS/F-69372 LYON 08//FRANCE//; INSERM/F-92170 VANVES//FRANCE//; COMITE FRANCAIS EDUC SANTE/F-92170 VANVES//FRANCE//

Journal: BULLETIN DU CANCER, 1994, V81, N5 (MAY), P355-359

ISSN: 0007-4551

Language: FRENCH Document Type: ARTICLE

Geographic Location: FRANCE

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: ONCOLOGY

Abstract: We examined trends in cigarette smoking behaviour in France from 1974 to 1991 separately for men and women as well as according to social class indicators. Overall, cigarette smoking prevalence has declined among men but has increased among women over the 18-year period which was taken into consideration. Analysis by social class groupings shows, among men, that the decrease is greater among higher level executives, professionals and academics and occurred as early as 1983. Among women, there is only a slight and recent downward trend limited to those of higher socio-economic status. These findings are similar to those of other southern European countries, such as Italy or Spain, but are not as yet comparable to what has been observed over the last twenty years in northern Europe, the United Kingdom or the United States of America.

Descriptors--Author Keywords: FRANCE ; SMOKING ; SOCIAL CLASS

Identifiers--KeyWords Plus: CIGARETTE-SMOKING; TRENDS; PREVALENCE

Research Fronts: 92-1822 001 (ADULT LIFE; FETAL ORIGINS; INTRAUTERINE GROWTH; CARDIOVASCULAR-DISEASE IN CHILDHOOD; LIMITED PERIOD)

92-2305 001 (SOCIAL DEPRIVATION; INEQUALITY IN HEALTH; CARDIOVASCULAR-DISEASE RISK-FACTORS; SCOTTISH POPULATION; DIETARY NICOTINE; GENERAL-PRACTICE WORKLOAD)

92-5441 001 (SMOKING CESSATION; PREVENTIVE HEALTH BEHAVIOR AMONG BLACK-AND-WHITE WOMEN; TOBACCO USE)

92. Title: RELATIONSHIP BETWEEN HEMOGLOBIN AND CARDIOVASCULAR RISK-FACTORS IN YOUNG-ADULTS

Author(s): SHIMAKAWA T; BILD DE

Corporate Source: NHLBI, DIV EPIDEMIOL & CLIN APPLICAT, FED BLDG, ROOM 2C03, 7550 WISCONSIN AVE/BETHESDA//MD/20892

Journal: JOURNAL OF CLINICAL EPIDEMIOLOGY, 1993, V46, N11 (NOV), P1257-1266

ISSN: 0895-4356

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH; MEDICINE, GENERAL & INTERNAL

Abstract: To understand mechanisms of association between hemoglobin and cardiovascular disease (CVD), the relationships between hemoglobin and CVD risk factors were examined in 5115 black and white men and women who participated in the Coronary Artery Risk Development in Young Adults (CARDIA) Study. Hemoglobin was higher in men than women, whites than blacks, and smokers than non-smokers ($p < 0.001$). After adjusting for age, body mass index, current smoking status, and clinical center, hemoglobin correlated with diastolic blood pressure (0.11 less than or equal to r less than or equal to 0.22, $p < 0.001$) and plasma total cholesterol (0.08 less than or equal to r less than or equal to 0.11, $p < 0.01$) in all four race-sex groups and with systolic blood pressure in all but black women (0.07 less than or equal to r less than or equal to 0.13, $p < 0.05$). Among other factors possibly related to CVD risk, only serum albumin and white blood cell count showed significant correlations with hemoglobin in all groups (0.19 less than or equal to r less than or equal to 0.27, 0.07 less than or equal to r less than or equal to 0.18, respectively). These findings suggest that an association of hemoglobin with CVD risk factors may explain the association of hemoglobin with CVD.

Descriptors--Author Keywords: BLOOD PRESSURE ; CARDIOVASCULAR DISEASE ;

DIET ; HEMOGLOBIN

Identifiers--KeyWords Plus: CORONARY HEART-DISEASE; DENSITY-LIPOPROTEIN

CHOLESTEROL; SERUM-CHOLESTEROL; BLOOD-VISCOSITY; UNITED-STATES;

HEMATOCRIT; DEATH; MORTALITY; PRESSURE; CARDIA

Research Fronts: 91-5633 002 (FAT DISTRIBUTION; SERUM

LOW-DENSITY-LIPOPROTEIN CHOLESTEROL LEVEL; PREMATURE CORONARY-ARTERY
DISEASE; DIETARY FIBER IN MEN; APOLIPOPROTEIN-E POLYMORPHISM)

91-1689 001 (HEMOSTATIC RISK-FACTORS FOR CORONARY HEART-DISEASE;
PLASMA-FIBRINogen LEVELS IN HYPERCHOLESTEROLEMIA; INSULIN-DEPENDENT
DIABETES-MELLITUS; BLOOD RHEOLOGY)

91-1963 001 (OXIDIZED LOW-DENSITY-LIPOPROTEIN; PATHOGENESIS OF
ATHEROSCLEROSIS; HYPERCHOLESTEROLEMIC WATANABE RABBITS; PROBUCOL DURING
OXIDATIVE MODIFICATION)

91-2100 001 (FOOD FREQUENCY QUESTIONNAIRE; NUTRIENT INTAKE; WOMEN
(DUTCH NUTRITION SURVEILLANCE SYSTEM); ELDERLY POPULATION; CORONARY
HEART-DISEASE IN MEN)

91-2944 001 (DIETARY FATS; CORONARY HEART-DISEASE;
LOW-DENSITY-LIPOPROTEIN CHOLESTEROL; HYPERCHOLESTEROLEMIC MEN)

91-3210 001 (HIGH CORONARY MORTALITY; COLD REGIONS; PATIENTS COULD
AVOID OVEREVALUATION OF A SINGLE CHOLESTEROL VALUE)

91-4025 001 (WHOLE-BLOOD VISCOSITY; ERYTHROCYTE DISAGGREGATION
SHEAR-STRESS IN HYPERTENSION; PLATELET COUNT)

93. Title: PREDICTION OF RESPIRATORY SYMPTOMS BY PERIPHERAL-BLOOD NEUTROPHILS
AND EOSINOPHILS IN THE 1ST NATIONAL NUTRITION EXAMINATION SURVEY
(NHANES-I)

Author(s): SCHWARTZ J; WEISS ST

Corporate Source: BRIGHAM & WOMENS HOSP, DEPT MED, CHANNING LAB, 180LONGWOOD
AVE/BOSTON//MA/02115; BRIGHAM & WOMENS HOSP, DEPT MED, CHANNING
LAB, 180LONGWOOD AVE/BOSTON//MA/02115; US EPA, OFF POLICY
ANAL/WASHINGTON//DC/20460; BETH ISRAEL HOSP, DEPT MED, DIV PULM & CRIT
CARE/BOSTON//MA/02215

Journal: CHEST, 1993, v104, n4 (OCT), p1210-1215

ISSN: 0012-3692

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: RESPIRATORY SYSTEM

Abstract: To examine specific cellular markers of inflammation in peripheral blood (neutrophils and eosinophils) and their relationship to respiratory symptoms, we used data from the First National Health and Nutrition Examination Survey (NHANES I). Cross-sectional data were available on a random sample of 6,913 adults aged 30 to 74 years who had American Thoracic Society-National Heart, Lung, and Blood Institute questionnaire information on respiratory symptoms and illnesses, including asthma, chronic bronchitis, dyspnea (grade 3), chronic cough, and chronic phlegm. Information was available on age, race, smoking status, peripheral blood leukocyte count, and differential cell count. These data were analyzed using logistic regression controlling for age, race, sex, and cigarette smoking. Physician-diagnosed asthma was significantly associated only with the eosinophil count ($p=0.001$). Physician-diagnosed bronchitis was significantly associated with the neutrophil count ($p=0.012$) and marginally associated with the eosinophil count ($p=0.072$). Chronic phlegm was also significantly associated with both the eosinophil count ($p=0.049$) and the neutrophil count ($p=0.041$). Grade 3 dyspnea ($p=0.049$) was only significantly associated with the neutrophil count. These data suggest that both peripheral blood neutrophils and eosinophils are associated with a

broad range of respiratory symptoms and that the eosinophil may play a role in nonasthmatic respiratory inflammation.

Identifiers--KeyWords Plus: SOLUBLE INTERLEUKIN-2 RECEPTORS; SKIN-TEST REACTIVITY; LEUKOCYTE COUNT; CIGARETTE-SMOKING; CHRONIC-BRONCHITIS; LUNG-FUNCTION; SMOKERS; ASTHMA; ALLERGY; SERUM

Research Fronts: 91-6564 002 (BRONCHIAL RESPONSIVENESS; CHRONIC OBSTRUCTIVE PULMONARY-DISEASE; ALVEOLAR MACROPHAGES OF SMOKERS; RESPIRATORY SYMPTOMS)

91-2041 001 (AIRWAY INFLAMMATION IN ASTHMA; GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR; LATE BRONCHIAL RESPONSES; GUINEA-PIGS FOLLOWING INHALED ANTIGEN CHALLENGE)

91-5833 001 (GENERALIZED ESTIMATING EQUATIONS FOR CORRELATED BINARY DATA; NONLINEAR RANDOM EFFECTS MODELS; CLUSTERED CATEGORICAL RESPONSES; CATTLE DYSTOCIA)

91-6566 001 (AIRWAY HYPERRESPONSIVENESS; NEUTROPHILS IN ASTHMA; OZONE EXPOSURE; LATE BRONCHIAL RESPONSES; ARACHIDONIC-ACID METABOLISM)

94. Title: HEALTH-RELATED RISK-FACTORS IN A SAMPLE OF HISPANICS AND WHITES MATCHED ON SOCIODEMOGRAPHIC CHARACTERISTICS - THE STANFORD 5-CITY PROJECT

Author(s): WINKLEBY MA; FORTMANN SP; ROCKHILL B

Corporate Source: STANFORD UNIV, SCH MED, STANFORD CTR RES DIS PREVENT, 1000 WELCH RD/PALO ALTO//CA/94304; STANFORD UNIV, SCH MED, DEPT MED/PALO ALTO//CA/94304

Journal: AMERICAN JOURNAL OF EPIDEMIOLOGY, 1993, V137, N12 (JUN 15), P 1365-1375

ISSN: 0002-9262

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH

Abstract: Although past studies have compared health-related risk factors in Hispanics and whites, few studies have controlled for potential confounding from sociodemographic variables. Using data on men and women aged 25-74 years who responded to biennial cross-sectional surveys conducted in four diverse California cities from 1979 to 1990, the authors employed a matched-pairs design in which 756 Hispanic respondents were matched to 756 white respondents according to age, sex, educational level, city of residence, and time of survey. No significant differences between Hispanics and whites were found for any of the blood pressure indicators (systolic and diastolic blood pressure, prevalence of hypertension, and use of antihypertensive medication), caloric intake, total cholesterol, alcohol intake, or physical activity. The only variables for which Hispanics had higher levels of risk factors than whites were body mass index (weight (kg)/height (m)² ; 27.5 vs. 25.6, p < 0.001) and high density lipoprotein cholesterol (48.6 mg/dl vs. 50.1 mg/dl, p < 0.03). Whites, on the other hand, were significantly more likely to be current smokers than Hispanics (34.2% vs. 24.0%, p < 0.001) and, among smokers, to smoke a greater number of cigarettes per day (19.7 vs. 11.4 cigarettes/day, p < 0.001). Whites were also significantly more likely to have higher-fat diets, as measured by percentages of calories derived from total fat (37.6% vs. 35.1 %, p < 0.04) and saturated fat (13.6% vs. 12.3%, p < 0.03). Examination of interactions indicated further risk factor differences by ethnicity across several sex, age, and educational subgroups.

Descriptors--Author Keywords: BLOOD PRESSURE ; CARDIOVASCULAR DISEASES ;

CHOLESTEROL ; HEALTH EDUCATION ; PRIMARY PREVENTION ; RISK FACTORS ;
SMOKING ; SOCIAL CLASS

Identifiers--KeyWords Plus: ISCHEMIC HEART-DISEASE; DENSITY LIPOPROTEIN
CHOLESTEROL; MEXICAN-AMERICANS; CARDIOVASCULAR-DISEASE;
SOCIOECONOMIC-STATUS; BLOOD-PRESSURE; SOCIAL-CLASS; UNITED-STATES;
EDUCATION; HYPERTENSION

Research Fronts: 91-5358 001 (COMMUNITY INTERVENTION PROGRAM; HEALTH
PROMOTION; AIDS PREVENTION; RISK OF BREAST-CANCER; BLOOD CHOLESTEROL
REDUCTION; UVEAL MELANOMA)

91-5739 001 (HISPANIC HEALTH; OBESITY IN MEXICAN-AMERICANS;
UNITED-STATES POPULATION; EPIDEMIOLOGIC PARADOX; PREVALENCE OF
DIABETES-MELLITUS)

95. Title: RACIAL DIFFERENTIALS IN THE IDENTIFICATION OF HYPERCHOLESTEROLEMIA

Author(s): NAUMBURG EH; FRANKS P; BELL B; GOLD M; ENGERMAN J

Corporate Source: UNIV ROCHESTER,CTR FAMILY MED,DEPT FAMILY MED,885 SOUTH
AVE/ROCHESTER//NY/14620; HIGHLAND HOSP/ROCHESTER//NY/14620

Journal: JOURNAL OF FAMILY PRACTICE, 1993, V36, N4 (APR), P425-430

ISSN: 0094-3509

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Background. African Americans have higher rates of cardiovascular
disease than white Americans. To address this differential, barriers to
cardiovascular risk reduction need to be identified. This study
examines the association of race with the likelihood of screening for
and diagnosis of hypercholesterolemia.

Methods. Possible associations between demographic variables and
screening for and diagnosis of hypercholesterolemia were examined on
data gathered in a prospective fashion in an office-based family
medicine residency training program in Rochester, New York. A
consecutive sample of all patients seen between December 15, 1988, and
April 15, 1990, about whom there was complete data collection (age,
sex, insurance, race, and other cardiovascular risk factors) were
included in the multivariate analyses (N = 4256).

Results. After controlling for age, sex, insurance status,
socioeconomic status, number of visits, and other cardiovascular risk
factors, it was found that minorities were less likely to have been
screened for cholesterol levels than whites (adjusted odds ratio [AOR]
= 0.84, 95% confidence interval [CI] = 0.98 to 0.72). The mean
cholesterol level did not differ by race (mean cholesterol for whites,
204 mg/dL [5.28 mmol/L], and for minorities, 203 mg/dL [5.25 mmol/L], t
= 0.7, P = .47). Among those screened, minorities were less likely than
whites to have been diagnosed with hypercholesterolemia (AOR = 0.62,
95% CI = 0.86 to 0.44; and 0.47 (95% CI = 0.28 to 0.78) in those with a
cholesterol level greater than 240 mg/dL [6.2 mmol/L]).

Conclusion. Our data suggest that provider behavior in diagnosing
hypercholesterolemia varies by the race of the patient.

Descriptors--Author Keywords: CHOLESTEROL ; PREVENTIVE MEDICINE ;
PHYSICIANS PRACTICE PATTERNS ; AFRICAN AMERICANS

Identifiers--KeyWords Plus: MINNESOTA HEART SURVEY; DISEASE RISK-FACTORS; 2
NATIONAL SURVEYS; UNITED-STATES; BLOOD-PRESSURE; CHOLESTEROL LEVELS;
PREVENTIVE CARE; BLACKS; HYPERTENSION; WHITES

Research Fronts: 91-8116 003 (CHOLESTEROL SCREENING IN CHILDREN; CORONARY
HEART-DISEASE; MODERATE HYPERCHOLESTEROLEMIA)

91-0720 001 (TELEVISION SMOKING CESSATION PROGRAM; CIGARETTE SMOKERS; SCHOOL-BASED PREVENTION RESEARCH)
91-2795 001 (ORGAN DONATION IN BLACKS; PREVENTION PROGRAMS FOR AFRICAN-AMERICANS AMIDST COMMUNITY DECLINE; UNITARY MEDICAL MALPRACTICE STANDARD)
91-5253 001 (CORONARY-ARTERY DISEASE; LONG-TERM MORTALITY; MASSACHUSETTS EXPERIENCE)

96. Title: HOSTILITY AND HEALTH BEHAVIORS IN YOUNG-ADULTS - THE CARDIA STUDY

Author(s): SCHERWITZ LW; PERKINS LL; CHESNEY MA; HUGHES GH; SIDNEY S; MANOLIO TA

Corporate Source: CARE OF STEPHEN SPARLER, 23 WOODLAND AVE/SAN

FRANCISCO//CA/94117; W ALABAMA HLTH SERV INC/EUTAW//AL/00000; KAISER PERMANENTE/OAKLAND//CA/00000; NHLBI/BETHESDA//MD/20892; UNIV CALIF SAN FRANCISCO/SAN FRANCISCO//CA/94143; UNIV ALABAMA/BIRMINGHAM//AL/35294

Journal: AMERICAN JOURNAL OF EPIDEMIOLOGY, 1992, V136, N2 (JUL 15), P 136-145

ISSN: 0002-9262

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH

Abstract: Hostility has been associated with coronary heart disease

mortality. To assess possible mechanisms linking hostility to coronary heart disease risk, the authors conducted analyses in a cross-sectional study from data collected in 1985 and 1986 on 5,115 young adults, aged 18-30 years, black and white, male and female, in four large urban areas of the United States. The results show that higher levels of hostility as determined by the Cook-Medley Hostility Scale were strongly associated with tobacco and marijuana smoking, increased alcohol consumption, and greater caloric intake in both blacks and whites and in both men and women. The increased caloric consumption was evident in the higher waist/hip ratios, particularly in men ($p < 0.05$). The associations were particularly strong ($p < 0.001$) for tobacco cigarette smoking and marijuana smoking, with roughly a 1.5 times higher prevalence in the top hostility quartile compared with the bottom quartile after adjusting for age and education. Hostility levels were not related to the percentage of calories from fat or from sucrose intake, to plasma cholesterol levels, or to physical fitness (except for a weak association in the latter in white women). The results describe relations between hostility and health behaviors that may be detrimental to health. The findings provide a possible explanation for the association between hostility and coronary heart disease mortality.

Descriptors--Author Keywords: ALCOHOL DRINKING; BODY MASS INDEX; CORONARY DISEASE; EXERCISE; HEALTH BEHAVIOR; HOSTILITY; MORTALITY; SMOKING

Identifiers--KeyWords Plus: CORONARY HEART-DISEASE; DENSITY-LIPOPROTEIN CHOLESTEROL; FOLLOW-UP; CARDIOVASCULAR-DISEASE; TOTAL MORTALITY; MEN BORN; CYNICAL HOSTILITY; BLOOD-PRESSURE; ADIPOSE-TISSUE; CHD INCIDENCE

Research Fronts: 90-1817 003 (TYPE-A BEHAVIOR PATTERN; HARVARD MASTERY OF STRESS STUDY 35-YEAR FOLLOW-UP; PHYSICAL SYMPTOMS AMONG HOSTILE YOUNG-WOMEN)

90-4140 003 (INSULIN RESISTANCE; PREVALENCE OF HYPERTENSION; CORONARY HEART-DISEASE IN WOMEN; ABDOMINAL OBESITY; HIGH WAIST HIP RATIO; CARDIOVASCULAR RISK-FACTORS)

90-1545 002 (LIPOPROTEIN CHOLESTEROL; CORONARY HEART-DISEASE IN JAPANESE-AMERICAN MEN; ENDOGENOUS LIPID DROPLETS; TRYpanocidal FACTOR; RAT ADIPOCYTES)

90-0601 001 (ANGIOGRAPHICALLY DEFINED CORONARY-ARTERY DISEASE;

LIPOPROTEIN LEVELS IN POSTMENOPAUSAL WOMEN; CARDIOVASCULAR RISK;
APOLIPOPROTEIN-B GENE)

97. Title: SMOKING - EPIDEMIOLOGY, CESSATION, AND PREVENTION

Author(s): FLAY BR; OCKENE JK; TAGER IB

Corporate Source: PREVENT RES CTR/CHICAGO//IL/00000; UNIV MASSACHUSETTS, SCH MED/WORCESTER//MA/01605; UNIV CALIF SAN FRANCISCO, MED & EPIDEMIOL/SAN FRANCISCO//CA/94143

Journal: CHEST, 1992, V102, N3 (SEP), PS277-S301

ISSN: 0012-3692

Language: ENGLISH Document Type: REVIEW

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: RESPIRATORY SYSTEM

Identifiers--KeyWords Plus: RANDOMIZED CONTROLLED TRIAL;

PHYSICIAN-DELIVERED INTERVENTIONS; FORCED EXPIRATORY VOLUME; ADOLESCENT TOBACCO USE; NICOTINE CHEWING-GUM; 6-YEAR FOLLOW-UP; CIGARETTE-SMOKING; UNITED-STATES; LUNG-FUNCTION; DEVIANT-BEHAVIOR

Research Fronts: 90-2625 008 (ADOLESCENT PREGNANCY PREVENTION PROGRAM; CONTRACEPTIVE BEHAVIOR; BLACK FEMALES; SMOKING CESSATION; EARLY SEXUAL ONSET; DRUG INVOLVEMENT)

90-1018 004 (SMOKING CESSATION; PREVENTING RELAPSE; MAJOR DEPRESSION)

90-3923 003 (SMOKING CESSATION; SYSTEMATIC HEALTH MAINTENANCE PROTOCOL; GENERAL-PRACTITIONER ANTISMOKING PROGRAMS)

90-0417 002 (REASONED ACTION; PLANNED BEHAVIOR; PREDICTING EXERCISE INTENTIONS; EXPECTANCY MODELS; PHYSICAL-ACTIVITY PARTICIPATION)

90-1335 002 (CHILD SEXUAL ABUSE TRAUMA; INFILCTED INJURY; SERIAL MUNCHAUSEN-SYNDROME)

90-0263 001 (INTERNATIONAL MIGRATION; URBAN UNDERCLASS GROWTH; OCCUPATIONAL SEGREGATION; BLACK FLIGHT; ECONOMIC SOCIOLOGY; LARGE METROPOLITAN-AREAS; POLEMIC MODEL)

90-1045 001 (CHRONIC OBSTRUCTIVE PULMONARY-DISEASE; LONG-TERM OXYGEN; AIRWAY MUCUS HYPERSECRETION; TRANSTRACHEAL CATHETER)

90-1448 001 (ADOLESCENT DELINQUENCY; VIOLENT JUVENILE CRIME; BOYS CONDUCT DISORDER; CRIMINAL CAREERS)

90-1744 001 (SELF-EFFICACY BELIEFS; SOCIAL COGNITIVE PERSPECTIVE; PLANNED BEHAVIOR; REPORTED PAIN; TEACHERS SKILLS)

90-4962 001 (GASTRIC-CANCER RISK; DIET IN ITALY; UNITED-STATES VETERANS; CIGARETTE SMOKERS)

90-5505 001 (WORK SITE SMOKING CESSATION; COMPREHENSIVE HEALTH

98. Title: SMOKING AND CARDIOVASCULAR-DISEASE

Author(s): LAKIER JB

Corporate Source: LUTHERAN GEN HOSP,CARDIOL SECT,1775 W DEMPSTER ST/PK RIDGE//IL/60068

Journal: AMERICAN JOURNAL OF MEDICINE, 1992, V93, S1A (JUL 15), PS8-S12

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Cigarette smoking is the most preventable cause of cardiovascular morbidity and mortality. Smoking has been associated with a two-to fourfold increased risk of coronary heart disease, a >70% excess rate of death from coronary heart disease, and an elevated risk of sudden death. These risks are compounded in the presence of hypertension,

hypercholesterolemia, glucose intolerance, and diabetes, all of which exhibit a synergistic effect with smoking. The relationship between smoking and the risk of peripheral vascular disease has also been well documented. Smokers account for approximately 70% of patients with atherosclerosis obliterans and virtually all those with thromboangiitis obliterans. An association between smoking and cerebrovascular disease remains a matter of debate, although a higher risk of stroke and stroke-related mortality has been observed in smokers than in nonsmokers. Smoking has also been implicated in the development of cor pulmonale, but a direct association with congestive heart failure has not been established. Nicotine and carbon monoxide appear to play major roles in the cardiovascular effects of smoking. Both components adversely alter the myocardial oxygen supply/demand ratio and have been shown to produce endothelial injury, leading to the development of atherosclerotic plaque. Adverse effects on the lipid profile have been noted as well, but the relationship between these changes and the risk of cardiovascular disease remains to be confirmed. Notably, smoking cessation results in a dramatic reduction in the risk of mortality from both coronary heart disease and stroke. In light of the fact that the incidence of smoking has declined primarily among educated sectors of the U.S. population, future efforts must focus on providing effective education, including smoking cessation techniques, to the less-educated groups.

Identifiers--KeyWords Plus: CIGARETTE-SMOKING; TWINS DISCORDANT; ATHEROSCLEROSIS

Research Fronts: 90-2625 001 (ADOLESCENT PREGNANCY PREVENTION PROGRAM; CONTRACEPTIVE BEHAVIOR; BLACK FEMALES; SMOKING CESSATION; EARLY SEXUAL ONSET; DRUG INVOLVEMENT)

90-4962 001 (GASTRIC-CANCER RISK; DIET IN ITALY; UNITED-STATES VETERANS; CIGARETTE SMOKERS)

90-6948 001 (LEFT-VENTRICULAR HYPERTROPHY; ANTIHYPERTENSIVE THERAPY; SYSTEMIC HYPERTENSION; BLOOD-PRESSURE RESPONSE; CORONARY ATHEROSCLEROSIS; CARDIAC DISEASE)

99. Title: A COHORT STUDY OF TOBACCO USE, DIET, OCCUPATION, AND LUNG-CANCER MORTALITY

Author(s): CHOW WH; SCHUMAN LM; MCLAUGHLIN JK; BJELKE E; GRIDLEY G; WACHOLDER S; CHIEN HTC; BLOT WJ

Corporate Source: NCI, DIV CANC ETIOL, EPIDEMIOL & BIOSTAT PROGRAM, 6130 EXECUTIVE BLVD/BETHESDA//MD/20892

Journal: CANCER CAUSES & CONTROL, 1992, V3, N3 (MAY), P247-254

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: ONCOLOGY; PUBLIC HEALTH

Abstract: In 1966, a cohort of White males aged 35 or over, who were policy-holders with the Lutheran Brotherhood Insurance Society (United States), completed a mail questionnaire on tobacco use, diet, and demographic characteristics. During the 20 years of follow-up, 219 lung cancer deaths occurred. Besides the strong relationship with cigarette smoking, we observed an effect on lung cancer risk among current users of cigars or pipes who were nonsmokers of cigarettes (relative risk [RR] = 3.5, 95 percent confidence interval [CI] = 1.0-12.6) or who were past/occasional users of cigarettes (RR = 2.7, CI = 1.4-5.3). In addition, elevated risks (from 1.5 to 2.6) of lung cancer were found among craftsmen and laborers, with the highest risks among subjects who worked in the mining or manufacturing industry. No association between current (as of 1966) use of beer or hard liquor and lung cancer was observed, although past users were at elevated risk. An inverse

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association between lung cancer and intake of fruits was observed, and risks of lung cancer were lower among persons in the highest dietary intake quintiles of vitamins A and C. Except for oranges, however, none of the inverse associations with fruits or dietary nutrients had statistically significant trends. The findings from this cohort study add to the evidence of an adverse effect of cigar/pipe smoking and possibly protective effect of dietary factors on lung cancer risk.

Descriptors--Author Keywords: COHORT STUDY ; DIET ; LUNG CANCER ; LUTHERAN BROTHERHOOD STUDY ; OCCUPATION ; UNITED-STATES

100. Title: THE WASHINGTON-HEIGHTS-INWOOD-HEALTHY-HEART-PROGRAM - A 3RD GENERATION COMMUNITY-BASED CARDIOVASCULAR-DISEASE PREVENTION PROGRAM IN A DISADVANTAGED URBAN SETTING

Author(s): SHEA S; BASCH CE; LANTIGUA R; WECHSLER H

Corporate Source: ATCHLEY PAVIL BIO,161 FT WASHINGTON AVE/NEW YORK//NY/10032; COLUMBIA UNIV COLL PHYS & SURG,DEPT MED/NEW YORK//NY/10032; COLUMBIA UNIV,SCH PUBL HLTH,DEPT EPIDEMIOL/NEW YORK//NY/10027; PRESBYTERIAN HOSP/NEW YORK//NY/10032; COLUMBIA UNIV TEACHERS COLL,CTR HLTH PROMOT/NEWYORK//NY/10027; COLUMBIA UNIV TEACHERS COLL,DEPT HLTH EDUC/NEW YORK//NY/10027

Journal: PREVENTIVE MEDICINE, 1992, V21, N2 (MAR), P203-217

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH; MEDICINE, GENERAL & INTERNAL

Identifiers--KeyWords Plus: STANFORD 5-CITY PROJECT; NORTH-KARELIA-PROJECT; RISK-FACTORS; EDUCATION; DESIGN; TRENDS

Research Fronts: 90-2625 002 (ADOLESCENT PREGNANCY PREVENTION PROGRAM; CONTRACEPTIVE BEHAVIOR; BLACK FEMALES; SMOKING CESSATION; EARLY SEXUAL ONSET; DRUG INVOLVEMENT)

90-4704 002 (CORONARY HEART-DISEASE; RISK FACTOR; ELDERLY MEN; ASYMPTOMATIC HYPERCHOLESTEROLEMIA)

90-0074 001 (CHOLESTEROL SCREENING; DIETARY FIBER; CORONARY HEART-DISEASE; PORTABLE BLOOD ANALYZER SYSTEM)

90-1973 001 (AIDS PREVENTION; EXERCISE CHANGE; MASS-MEDIA BASED FUND-RAISING CAMPAIGN HEART FOR LIFE)

90-3355 001 (COMPUTER-MEDIATED GROUPS; WORK TEAMS; FACE-TO-FACE MEETINGS)

90-6371 001 (RISK OF UVEAL MELANOMA; UNITED-STATES MILITARY IN VIETNAM; RANDOM DIGIT DIALING; WHITE WOMEN; HOST FACTORS; INSITU CERVICAL-CANCER; LEUKEMIA AMONG MEN)

101. Title: THE HEALTH CONSEQUENCES OF SMOKING - CANCER

Author(s): NEWCOMB PA; CARBONE PP

Corporate Source: UNIV WISCONSIN,CTR COMPREHENS CANC,DEPT HUMAN ONCOL,ROOM 6795 MED SCI CTR,1300 UNIV AVE/MADISON//WI/53706

Journal: MEDICAL CLINICS OF NORTH AMERICA, 1992, V76, N2 (MAR), P305-331

Language: ENGLISH Document Type: REVIEW

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Identifiers--KeyWords Plus: UNITED-STATES VETERANS; LUNG-CANCER; CIGARETTE-SMOKING; BLADDER-CANCER; UTERINE CERVIX; HISTOLOGIC-CHANGES; BETA-CAROTENE; VITAMIN-A; BRONCHOGENIC-CARCINOMA; ALCOHOL-CONSUMPTION

Research Fronts: 90-5247 004 (SQUAMOUS-CELL CARCINOMA OF THE ORAL CAVITY; RISK-FACTORS FOR BREAST-CANCER; MULTIPLE PRIMARY MALIGNANCIES;

EPIDEMIOLOGIC ISSUES)

90-0031 002 (SUBSEQUENT RISK OF CANCER; LOW SERUM SELENIUM CONCENTRATION IN A HEALTHY POPULATION RESIDENT; VITAMIN-E STATUS)

90-1480 002 (SMOKELESS TOBACCO; ORAL SNUFF; GENOTOXICITY OF NICOTINE EMPLOYING INVITRO MAMMALIAN TEST SYSTEM)

90-2625 002 (ADOLESCENT PREGNANCY PREVENTION PROGRAM; CONTRACEPTIVE BEHAVIOR; BLACK FEMALES; SMOKING CESSATION; EARLY SEXUAL ONSET; DRUG INVOLVEMENT)

90-0577 001 (DNA ADDUCTS; P-32 POSTLABELING; ENVIRONMENTAL TOBACCO-SMOKE EXPOSURE)

90-1045 001 (CHRONIC OBSTRUCTIVE PULMONARY-DISEASE; LONG-TERM OXYGEN; AIRWAY MUCUS HYPERSECRETION; TRANSTRACHEAL CATHETER)

90-1163 001 (ANORECTAL FUNCTION; ANAL CANCER; FECAL INCONTINENCE; PELVIC FLOOR DISORDERS; CHRONIC CONSTIPATION; POSTANAL REPAIR; LOCAL RECURRENCE)

90-1483 001 (UROTHELIAL CANCER; MORTALITY OF FIREFIGHTERS; IRON FOUNDRY WORKERS)

90-3575 001 (INVERSION OF AEROSOL SIZE DISTRIBUTION DATA; INDOOR RADON; LUNG-CANCER RISK; DIFFUSION DEPOSITION)

90-4615 001 (BONE-MINERAL DENSITY IN PREMENOPAUSAL WOMEN; RISK OF BREAST-CANCER; ESTRADIOL METABOLISM; ESTROGEN REPLACEMENT THERAPY; HIP FRACTURE)

102. Title: SOCIOECONOMIC DIFFERENTIALS IN CANCER AMONG MEN

Author(s): SMITH GD; LEON D; SHIPLEY MJ; ROSE G

Corporate Source: UNIV LONDON LONDON SCH HYG & TROP MED,DEPT EPIDEMIOL & POPULAT SCI,KEPPEL ST/LONDON WC1E 7HT//ENGLAND/

Journal: INTERNATIONAL JOURNAL OF EPIDEMIOLOGY, 1991, V20, N2, P339-345

Language: ENGLISH Document Type: ARTICLE

Geographic Location: ENGLAND

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH

Abstract: The relationship between cancer and socioeconomic position is examined for men using data from three sources-the Whitehall Study of London civil servants, the OPCS Longitudinal Study and the Registrar General's Decennial Supplement. Mortality from, or registration for, malignant neoplasms was higher over in lower socioeconomic groups. There was considerable variation in the strength, and to a lesser extent direction, of the association of specific cancer sites and socioeconomic position within each of the studies. However, between the studies the relationships between socioeconomic position and the particular cancers were very similar.

2 The similarity in results, taken in conjunction with the differences in design and methods of the three studies, makes it very unlikely that these consistent associations are due to artefacts. The heterogeneity in relationships between specific cancer sites and socioeconomic position suggests that no single factor-such as differences in general susceptibility or differences in smoking behaviour-can account for these associations. However socioeconomic differentials displayed by a particular malignancy do offer clues to its aetiology, and provide an indication of the scope that exists for reducing the burden of cancer within a population.

Identifiers--KeyWords Plus: LARGE-BOWEL CANCER; SOCIAL-CLASS; MORTALITY; DEATH; SUSCEPTIBILITY; INEQUALITIES; EXPLANATIONS; DISEASE; RISK

Research Fronts: 89-0838 001 (PASSIVE SMOKING; BENZENE EXPOSURE; CHRONIC OBSTRUCTIVE PULMONARY-DISEASE AMONG UNITED-STATES VETERANS; LUNG-CANCER RISK)

89-0924 001 (DEATH CERTIFICATES; CLINICAL DIAGNOSTICS; CANCER MORTALITY

DATA; NATIVE-AMERICAN POPULATION IN NEW-YORK STATE; POSTMORTEM AUDIT)
89-0987 001 (LINEAR MEDIAN HYBRID FILTERS; ASYMPTOTIC EFFICIENCY;
DISTRIBUTION FREE TESTS; MULTIVARIATE RANDOMNESS; ROBUST IMAGE
SMOOTHING; COMPETING RISKS MODEL)
89-1801 001 (CHRONIC RESPIRATORY ILLNESS IN CHILDREN; PREDICTORS OF
MORTALITY; RISK FACTOR; ISCHEMIC HEART-DISEASE)
89-2651 001 (CHILDHOOD LEUKEMIA; NUCLEAR INSTALLATIONS; PRETERM
INFANTS; CANCER RISK)
89-3145 001 (PROGNOSTIC FACTORS; CANCER SURVIVAL; ADULT ACUTE
LYMPHOBLASTIC-LEUKEMIA; PRIMARY GASTROINTESTINAL NON-HODGKINS LYMPHOMA;
WILMS TUMOR; DISEASE PROGRESSION)

103. TITLE: Job strain and health behaviors: Results of a prospective study

AUTHOR(S): Landsbergis PA (REPRINT); Schnall PL; Deitz DK; Warren K;
Pickering TG; Schwartz JE

CORPORATE SOURCE: CORNELL UNIV, COLL MED, STARR 416, 525 E 68 ST/NEW
YORK//NY/10021 (REPRINT); CSR INC, /WASHINGTON//DC/; SUNY STONY
BROOK,/STONY BROOK//NY/11794

PUBLICATION TYPE: JOURNAL

PUBLICATION: AMERICAN JOURNAL OF HEALTH PROMOTION, 1998, V12, N4 (MAR-APR)
, P237-245

PUBLISHER: AMER J HEALTH PROMOTION INC, 1660 CASS LAKE RD, STE 104, KEEGO
HARBOR, MI 48320

ISSN: 0890-1171

CURRENT CONTENTS JOURNAL ANNOUNCEMENT: CC BEHA, V30, N34

LANGUAGE: English DOCUMENT TYPE: ARTICLE

GEOGRAPHIC LOCATION: USA

SUBFILE: CC BEHA--Current Contents/Social & Behavioral Sciences

JOURNAL SUBJECT CATEGORY: PUBLIC HEALTH & HEALTH CARE SCIENCE

ABSTRACT: Purpose. To assess the association between job demands, job
decision latitude, and job strain (defined by Karasek as a combination
of high demands and low decision latitude) and cardiovascular
disease-related health behaviors such as cigarette smoking, alcohol
use, lack of exercise, and overweight.

Design. Cross-sectional and prospective.

Setting Nine New York City public and private sector worksites.

Subjects. Two hundred eighty-five male employees, aged 30 to 60, in
a wide variety of white-collar and blue-collar job titles.

Measures. Medical examinations and surveys, which included
demographic, health behaviour, and job characteristics data.

Results. Prospectively, among 189 men, increase in job decision
latitude over 3 years was associated with decrease in cigarette
smoking, by analysis of covariance, controlling for age, race,
education, marital status, and number of children at home ($F(8, 180) =$
4.37, $p = .005$). The largest increase in latitude occurred among the 13
men who quit smoking. However, change in job characteristics was not
associated with change in overweight or alcohol use. Cross-sectional
analyses did not produce consistent associations.

Conclusions. The effectiveness of smoking cessation may be aided by
modification of structural features of the work environment, such as
job decision latitude. This study is limited by the small number of
subjects who were engaged in high risk behaviors.

DESCRIPTORS--Author Keywords: job strain ; smoking ; alcohol ; exercise ;

overweight

IDENTIFIERS--KeyWord Plus: CORONARY HEART-DISEASE; CARDIOVASCULAR RISK-FACTORS; AMBULATORY BLOOD-PRESSURE; SOCIAL-CLASS; OCCUPATIONAL STRESS; CIGARETTE-SMOKING; UNITED-STATES; SOCIOECONOMIC-STATUS; WORK ORGANIZATION; SEX-DIFFERENCES

104. TITLE: Socioeconomic indicators related to cardiovascular disease risk factors in Hispanics

AUTHOR(S): Elder JP (REPRINT); Woodruff SI; Candelaria J; Golbeck AL; Alvarez JL; Criqui MH; Norquist CD; Rupp JW

CORPORATE SOURCE: SAN DIEGO STATE UNIV,GRAD SCH PUBL HLTH/SAN DIEGO//CA/92182 (REPRINT); UNIV CALIF SAN DIEGO,DEPT FAMILY & PREVENT MED/LA JOLLA//CA/92093; SAN DIEGO STATE UNIV,DEPT MATH SCI, DIV STAT/SAN DIEGO//CA/92182; SAN DIEGO STATE UNIV,COLL PROFESS STUDIES & FINE ARTS, DEPT EXERCISE & NUTR SCI/SAN DIEGO//CA/92182

PUBLICATION TYPE: JOURNAL

PUBLICATION: AMERICAN JOURNAL OF HEALTH BEHAVIOR, 1998, V22, N3 (MAY-JUN), P172-185

PUBLISHER: PNG PUBLICATIONS, PO BOX 4593, STAR CITY, WV 26504-4593

ISSN: 1087-3244

CURRENT CONTENTS JOURNAL ANNOUNCEMENT: CC BEHA, V30, N24

LANGUAGE: English DOCUMENT TYPE: ARTICLE

GEOGRAPHIC LOCATION: USA

SUBFILE: CC BEHA--Current Contents/Social & Behavioral Sciences

JOURNAL SUBJECT CATEGORY: PUBLIC HEALTH & HEALTH CARE SCIENCE

ABSTRACT: Objective: To investigate the relationship between socioeconomic status (SES) and cardiovascular disease (CVD) risk factors among Hispanic adults enrolled in English as a Second Language classes. Methods: Subjects (n=332) completed assessments of systolic and diastolic blood pressure, total and HDL cholesterol, body mass, smoking status, alcohol consumption, physical activity, family history of premature CVD, dietary fat intake, and six SES/social class indicators: Spanish literacy, acculturation to U.S. culture, years of education, years in the United States, income, and employment status. Results: In general, SES was inversely related to CVD risk factors. Conclusion: Although the patterns of relationships between the various SES indicators and CVD risk factors varied, so did findings by gender.

IDENTIFIERS--KeyWord Plus: NUTRITION EXAMINATION SURVEY; ISCHEMIC HEART-DISEASE; 2ND NATIONAL-HEALTH; MEXICAN-AMERICANS; BLOOD-PRESSURE; SOCIAL-CLASS; WHITES; ACCULTURATION; MORTALITY; EXAMPLE

* 105. TITLE: Lung cancer in African Americans - A call for action

AUTHOR(S): Cooley ME (REPRINT); JenningsDozier K

CORPORATE SOURCE: UNIV PENN,SCH NURSING, 2413 PARNAMA ST/PHILADELPHIA//PA/19103 (REPRINT)

PUBLICATION TYPE: JOURNAL

PUBLICATION: CANCER PRACTICE, 1998, V6, N2 (MAR-APR), P99-106

PUBLISHER: LIPPINCOTT-RAVEN PUBL, 227 EAST WASHINGTON SQ, PHILADELPHIA, PA 19106

ISSN: 1065-4704

CURRENT CONTENTS JOURNAL ANNOUNCEMENT: CC BEHA, V30, N18

LANGUAGE: English DOCUMENT TYPE: ARTICLE

GEOGRAPHIC LOCATION: USA

SUBFILE: CC BEHA--Current Contents/Social & Behavioral Sciences

JOURNAL SUBJECT CATEGORY: PUBLIC HEALTH & HEALTH CARE SCIENCE

ABSTRACT: PURPOSE: The authors present information about current trends in the incidence, risk factors, types, presentation, and treatment for

lung cancer common to all Americans and highlight factors that are unique to African Americans. Barriers to effective care and strategies for implementing culturally competent programs for lung cancer are outlined.

OVERVIEW: Disparity in the incidence and mortality rates of cancer between African Americans and white Americans has been increasing at an alarming rate since 1950. For African-American men and women, lung cancer accounted for the largest increase in the incidence of cancer between 1988 and 1992: African-American men experienced an increase of 170%, and African-American women had a dramatic increase of 464%. Lung cancer is by far the most common cause of cancer death in this population, accounting for 32% of the mortality rate in men and 20% in women. Unfortunately, lung cancer in African Americans has received little attention, and culturally competent programs are needed urgently to promote lung cancer prevention, early detection, and treatment in this population.

CLINICAL IMPLICATIONS: Healthcare providers' lack of knowledge about cultural influences on care is a barrier to providing adequate healthcare to individuals of different ethnic groups. Knowledge about cultural differences, respect for individual opinions about health and illness, and ability to negotiate differences are essential qualities for health professionals who serve culturally diverse populations. Because of the morbidity and mortality rates associated with lung cancer in the African-American population, prevention, early detection, and treatment programs are needed urgently. However, for these programs to succeed, the multidisciplinary cancer care team (nurses, physicians, social workers, psychologists, health educators, clergy) must provide information and care in culturally appropriate ways. Partnerships with family, extended kin networks, and religious and community leaders are essential. Finally, to minimize morbidity and maximize quality of life during the illness trajectory, comprehensive education and supportive care services are needed for those who have been diagnosed with lung cancer.

DESCRIPTORS--Author Keywords: African Americans ; culture ; educational programs ; lung cancer

IDENTIFIERS--KeyWord Plus: BLACK-AND-WHITE; RACIAL-DIFFERENCES; SMOKING; RISK; COMMUNITY

106. TITLE: Mortality from coronary heart disease and cardiovascular disease among adult U.S. Hispanics: Findings from the National Health Interview Survey (1986 to 1994)

AUTHOR(S): Liao YL (REPRINT); Cooper RS; Cao GC; Kaufman JS; Long AE; McGee DL

CORPORATE SOURCE: LOYOLA UNIV, STRITCH SCH MED, DEPT PREVENT MED & EPIDEMIOL, 2160 S 1ST AVE/MAYWOOD//IL/60153 (REPRINT)

PUBLICATION TYPE: JOURNAL

PUBLICATION: JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY, 1997, V30, N5 (NOV 1), P1200-1205

PUBLISHER: ELSEVIER SCIENCE INC, 655 AVENUE OF THE AMERICAS, NEW YORK, NY 10010

ISSN: 0735-1097

CURRENT CONTENTS JOURNAL ANNOUNCEMENT: CC CLIN, V25, N48; CC LIFE, V40, N48

LANGUAGE: English DOCUMENT TYPE: ARTICLE

GEOGRAPHIC LOCATION: USA

SUBFILE: SciSearch; CC LIFE--Current Contents/Life Sciences; CC CLIN--Current Contents/Clinical Medicine

JOURNAL SUBJECT CATEGORY: CARDIOVASCULAR & HEMATOLOGY RESEARCH;

CARDIOVASCULAR & RESPIRATORY SYSTEMS

ABSTRACT: Objectives. We sought to estimate the coronary heart disease (CHD) and cardiovascular disease (CVD) mortality experience of U.S. Hispanics.

Background. Limited information is available concerning the mortality from CHD among U.S. Hispanics, the nation's second largest minority group.

Methods. The study used data from the National Health Interview Survey (1986 to 1994), including representative national samples of 246,239 non Hispanic whites, 38,042 blacks and 14,965 Hispanics who were greater than or equal to 45 years old at baseline. Mean follow-up of mortality was 5 years (range 1 to 10).

Results. During the follow-up period, 27,702 whites (11%), 4,976 blacks (13%) and 1,061 Hispanics (7%) died. Among men, the age-adjusted total mortality per 100,000 person-years was 3,089 in whites and 2,466 in Hispanics, and among women, it was 1,897 and 1,581 in whites and Hispanics, respectively. The Hispanic/white mortality rate ratio for CHD was 0.77 (95% confidence interval [CI] 0.64 to 0.93) and 0.82 (95% CI 0.66 to 1.01) for men and women, respectively. The rate ratio was 0.79 (95% CI 0.68 to 0.91) and 0.80 (95% CI 0.69 to 0.94), respectively, for mortality from cardiovascular diseases. Given the lower all-cause mortality in Hispanics, the proportion of total deaths due to CHD and CVD was similar between the two populations for the same gender and were, respectively, 29.7% and 44.7% in white men, 28.1% and 44.3% in Hispanic men, 24.9% and 43.2% in white women and 24.1% and 41% in Hispanic women.

Conclusions. These data from a cohort of a large national sample are consistent with vital statistics that show that all-cause, CHD and CVD mortality is similar to 20% lower among adult Hispanics than among whites in the United States. (C) 1997 by the American College of Cardiology.

IDENTIFIERS--KeyWord Plus: MEXICAN-AMERICANS; UNITED-STATES; MYOCARDIAL-INFARCTION; CIGARETTE-SMOKING; PUERTO-RICANS; RISK-FACTORS; DEATH INDEX; WHITES; CARE

107. TITLE: LIFE-STYLE AND CARDIOVASCULAR HEALTH AMONG URBAN BLACK ELDERLY

AUTHOR(S): HAMM VP; BAZARGAN M; BARBRE AR

CORPORATE SOURCE: KEAN COLL NEW JERSEY, DEPT PSYCHOL/UNION//NJ/07083

(Reprint); XAVIER UNIV/NEW ORLEANS//LA/70125

PUBLICATION: JOURNAL OF APPLIED GERONTOLOGY, 1993, V12, N2 (JUN), P155-169

ISSN: 0733-4648

CURRENT CONTENTS JOURNAL ANNOUNCEMENT: CC SOCS, V25, N43

LANGUAGE: ENGLISH DOCUMENT TYPE: ARTICLE

GEOGRAPHIC LOCATION: USA

SUBFILE: SocSearch; CC SOCS--Current Contents, Social & Behavioral Sciences
JOURNAL SUBJECT CATEGORY: PUBLIC HEALTH & SOCIAL MEDICINE

ABSTRACT: This study assessed life-style behaviors in a cross-sectional random sample of urban Black elderly with and without cardiovascular disease. Those with cardiac disease reported behavior modifications for salt intake, fat intake, and smoking but more often reported being overweight and performing less exercise than did those elderly without cardiac disease. There remains substantial room for improvement in health maintenance and health promotion behaviors in this population, suggesting the need of intensive educational interventions. Additionally, Black elderly with cardiac disease had worse scores on a

depression scale and a health locus-of-control question, suggesting the need for psychological assessment and intervention in this population.

IDENTIFIERS--KeyWords Plus: CORONARY HEART-DISEASE; UNITED-STATES; HYPERTENSION; RISK; MORTALITY; TRENDS

108. Childhood passive smoking, race, and coronary artery disease risk: the MCV Twin Study. Medical College of Virginia.

Moskowitz WB; Schwartz PF; Schieken RM
Department of Pediatrics, Children's Medical Center, Medical College of Virginia, Virginia Commonwealth University, Richmond 23298, USA.

Arch Pediatr Adolesc Med (UNITED STATES) May 1999, 153 (5) p446-53,
ISSN 1072-4710 Journal Code: BWF

Contract/Grant No.: R29-HL-38878, HL, NHLBI; R01-HL-31010, HL, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9907

Subfile: AIM; INDEX MEDICUS

BACKGROUND: Children with long-term exposure to passive cigarette smoke may be at elevated risk for the development of premature coronary artery disease (CAD). OBJECTIVE: To examine how CAD risk factors, exposure to passive smoking, sex, and race are related in pubertal children and to determine if there is an identifiable childhood risk profile (i.e., does passive smoking interact with other coronary risk factors to increase the risk of developing premature CAD). DESIGN: Cohort analytic study. SETTING: The Medical College of Virginia (MCV) Twin Study, Richmond, Va. SUBJECTS: Randomly selected twins from 408 11-year-old twin pairs recruited from nearby schools. METHODS: Data collection occurred at 18-month intervals on family and health histories, smoking and alcohol consumption, blood pressure, anthropometrics, and biochemical assays. Data from cohorts of 11-year-olds studied through age 15 years were analyzed by repeated-measures analyses of variance using a mixed modeling approach. Models for high-density lipoprotein cholesterol (HDL-C) included race, sex, passive smoking status, weight, systolic and diastolic blood pressures, and all interactions. RESULTS: Passive smoke exposure was greater in white families than in black families. Levels of HDL-C and HDL2-C (HDL subfraction 2 cholesterol) were lower in white children than in black children (visit 1: HDL-C, mean +/- SD, 1.21+/-0.26 vs. 1.31+/-0.26 mmol/L [47.0+/-10.1 vs. 50.6+/-10.1 mg/dL], P< or =.01; HDL2, mean +/- SD, 0.31+/-0.18 vs. 0.41+/-0.19 mmol/L [12.3+/-7.0 vs. 15.9+/-7.4 mg/dL], P< or =.001). Children with a family history of cardiovascular disease had differences in HDL-C levels related to race that were worsened by exposure to cigarette smoke. In these children, HDL-C level was lower in those exposed to passive smoking (visit 1: 1.18+/-0.23 vs. 1.25+/-0.23 mmol/L [45.6+/-9 vs. 48.2+/-9 mg/dL] and visit 4: 0.98+/-0.10 vs. 1.19+/-0.18 mmol/L [37.8+/-4 vs. 46.0+/-7 mg/dL]; P<.001), with white children having lower HDL-C levels than black children (visit 1: 1.12+/-0.21 vs. 1.36+/-0.23 mmol/L [43.2+/-8 vs. 52.7+/-9 mg/ dL] and visit 4: 0.97+/-0.31 vs. 1.01+/-0.31 mmol/L [37.6+/-12 vs. 39.0+/-12 mg/dL]; P = .004). In white families, as weight increased, boys exposed to passive smoking showed the greatest decrease in HDL-C level (P<.01 for weight by sex and passive smoking interaction). Risk factors for CAD, such as blood pressure, interacted with HDL-C and these relationships varied by race and sex. CONCLUSIONS: Pubertal children with long-term passive cigarette smoke exposure have lower HDL-C levels. Racial differences in HDL-C levels are related to passive smoke exposure. In children with a family history of cardiovascular disease, interactions exist between passive smoking, HDL-C level, and blood pressure that differ by sex and race. White males exposed

to passive smoking who have a family history of cardiovascular disease and higher weights and diastolic blood pressures may be at special risk for premature CAD.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Caucasoid Race; *Coronary Disease--Etiology--ET; *Negroid Race; *Tobacco Smoke Pollution--Adverse Effects--AE; Adolescence; Blood Pressure; Child; Child, Preschool; Cohort Studies; Coronary Disease--Blood--BL; Coronary Disease--Ethnology--EH; Diseases in Twins--Etiology--ET; Lipoproteins, HDL Cholesterol--Blood--BL; Risk; Risk Factors; Sex Factors; Twin Studies

CAS Registry No.: 0 (Lipoproteins, HDL Cholesterol)

109. Ethnic variation in cardiovascular disease risk factors among children and young adults: findings from the Third National Health and Nutrition Examination Survey, 1988-1994.

Winkleby MA; Robinson TN; Sundquist J; Kraemer HC

Stanford Center for Research in Disease Prevention, Department of Medicine, Stanford University School of Medicine, Palo Alto, Calif 94304-1825, USA. Marilyn.Winkleby@SCRDP.Stanford.edu

JAMA (UNITED STATES) Mar 17 1999, 281 (11) p1006-13, ISSN 0098-7484
Journal Code: KFR

Contract/Grant No.: 1-R03-HL-57100, HL, NHLBI

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9905

Subfile: AIM; INDEX MEDICUS

CONTEXT: Knowledge about ethnic differences in cardiovascular disease (CVD) risk factors among children and young adults from national samples is limited. OBJECTIVE: To evaluate ethnic differences in CVD risk factors, the age at which differences were first apparent, and whether differences remained after accounting for socioeconomic status (SES). DESIGN: Third National Health and Nutrition Examination Survey, 1988-1994. SETTING: Eighty-nine mobile examination centers. PARTICIPANTS: A total of 2769 black, 2854 Mexican American, and 2063 white (non-Hispanic) children and young adults aged 6 to 24 years. MAIN OUTCOME MEASURES: Ethnicity and household level of education (SES) in relation to body mass index (BMI), percentage of energy from dietary fat, cigarette smoking, systolic blood pressure, glycosylated hemoglobin (HbA1c), and non-high-density lipoprotein cholesterol (non-HDL-C [the difference between total cholesterol and HDL-C]). RESULTS: The BMI levels were significantly higher for black and Mexican American girls than for white girls, with ethnic differences evident by the age of 6 to 9 years (a difference of approximately 0.5 BMI units) and widening thereafter (a difference of >2 BMI units among 18- to 24-year-olds). Percentages of energy from dietary fat paralleled these findings and were also significantly higher for black than for white boys. Blood pressure levels were higher for black girls than for white girls in every age group, and glycosylated hemoglobin levels were highest for black and Mexican American girls and boys in every age group. In contrast, smoking prevalence was highest for white girls and boys, especially for those from low-SES homes (77% of young men and 61% of young women, aged 18-24 years, from low-SES homes were current smokers). All ethnic differences remained significant after accounting for SES and age. CONCLUSION: These findings show strong ethnic differences in CVD risk factors among youths of comparable age and SES from a large national sample. The differences highlight the need for heart disease prevention programs to begin early in childhood and continue throughout young adulthood to reduce the risk of atherosclerosis.

Tags: Female; Human; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.

Descriptors: *Cardiovascular Diseases--Ethnology--EH; Adolescence; Adult; Blacks--Statistical and Numerical Data--SN; Blood Pressure; Body Mass Index ; Child; Energy Intake; Health Surveys; Hemoglobin A, Glycosylated; Linear Models; Lipoproteins, HDL Cholesterol; Mexican Americans--Statistical and Numerical Data--SN; Risk Factors; Smoking; Socioeconomic Factors; United States--Epidemiology--EP; Whites--Statistical and Numerical Data--SN

CAS Registry No.: 0 (Hemoglobin A, Glycosylated); 0 (Lipoproteins, HDL Cholesterol)

110. Differences in cardiovascular disease risk factors in black and white young adults: comparisons among five communities of the CARDIA and the Bogalusa heart studies. *Coronary Artery Risk Development In Young Adults.*

Greenlund KJ; Kiefe CI; Gidding SS; Lewis CE; Srinivasan SR; Williams OD; Berenson GS

Tulane Center for Cardiovascular Health, Tulane School of Public Health & Tropical Medicine, New Orleans, LA, USA.

Ann Epidemiol (UNITED STATES) Jan 1998, 8 (1) p22-30, ISSN 1047-2797

Journal Code: BX8

Contract/Grant No.: N01-HC-48047, HC, NHLBI; N01-HC-48048, HC, NHLBI; N01-HC-48049, HC, NHLBI; +

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9805

Subfile: INDEX MEDICUS

PURPOSE: To examine community differences in cardiovascular disease (CVD) risk factors among black and white young adults by combining data from two large epidemiologic studies. METHODS: Data are from participants aged 20-31 years in the Coronary Artery Risk Development In Young Adults (CARDIA) study (1987-1988; N = 4129) and the Bogalusa Heart study (1988-1991; N = 1884), adjusting for data collection differences prior to analysis. CARDIA includes four urban sites: Birmingham, Alabama; Chicago, Illinois; Minneapolis, Minnesota; and Oakland, California. Bogalusa is a semi-rural town in Southeastern Louisiana. CVD risk factors examined were smoking status, body habitus, and blood pressure. RESULTS: In Birmingham and Bogalusa, more white than black women were current smokers; no ethnic differences were observed among men. In Chicago, Minneapolis, and Oakland, more blacks were current smokers than were whites. For all sites, educational level was strongly inversely related to current smoking status; ethnic differences were more apparent among those with up to a high school education. Among white men and women, prevalence of obesity (body mass index > 31.1 kg/m² in men and 32.3 kg/m² in women) was greater in Birmingham and Bogalusa than in Chicago, Minneapolis, and Oakland. Mean systolic blood pressures were highest in Bogalusa, and the proportion of black men with elevated blood pressure (> or = 130/85 mmHg) was higher in Bogalusa and Birmingham. CONCLUSIONS: Community and ethnic differences in CVD risk factors were observed among young adults in two large epidemiologic studies. Further studies may enhance our understanding of the relationship of geographic differences in CVD risk to subsequent disease.

Tags: Comparative Study; Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Blacks; *Cardiovascular Diseases--Etiology--ET; *Hypertension--Ethnology--EH; *Obesity--Ethnology--EH; *Smoking--Ethnology --EH; *Whites; Adult; Alabama; California; Chicago; Educational Status; Hypertension--Complications--CO; Longitudinal Studies; Louisiana; Minnesota ; Obesity--Complications--CO; Prevalence; Risk Factors; Smoking--Adverse Effects--AE

111. Changes in cardiovascular disease knowledge and behavior in a low-education population of African-American and white adults.

Smith NL; Croft JB; Heath GW; Cokkinides V
Department of Epidemiology, School of Public Health and Community Medicine, University of Washington, Seattle 98195, USA.

Ethn Dis (UNITED STATES) Autumn 1996, 6 (3-4) p244-54, ISSN 1049-510X
Journal Code: BNM

Contract/Grant No.: U50/CCU 402234; U36/CCU 300430-11

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9709

Subfile: INDEX MEDICUS

OBJECTIVE: Racial differences in secular changes in cardiovascular disease risk factor knowledge and behaviors were assessed among adults with low levels of education throughout a community-wide cardiovascular disease prevention program. METHODS: Four independent cross-sectional telephone surveys were conducted with the random-digit-dialing technique in 1987, 1988, 1989, and 1991 in a biracial South Carolina community. Community-wide cardiovascular disease intervention programs were initiated in 1988 and continued through 1990. Changes in the prevalence of cardiovascular risk factor knowledge, dietary fat intake, leisure-time physical activity, smoking, and cholesterol screening behavior were compared between African-American and white respondents in a population subset with less than 12 years of education using analysis of covariance regression techniques. RESULTS: Mean intake of high fat foods was lower in 1991 than in 1987 among both white and African-American respondents; the trend for lower mean intake began in 1989 among African-American adults. Prevalence of the correct exercise knowledge was higher in 1988 than in 1987 for both groups, but this trend was maintained only among white respondents. However, prevalence of leisure-time physical activity did not change significantly between 1987 and 1991. Prevalence of cholesterol level knowledge and screening behavior increased over time among both groups; however, greater increasing trends between 1987 and 1991 were observed among white adults. CONCLUSIONS: Favorable secular changes in fat intake, exercise knowledge, cholesterol level knowledge, and cholesterol screening behavior were observed among both race groups during a time period that coincided with community-wide intervention efforts and messages. Greater changes in most of these behaviors and knowledge were observed among white adults suggesting that health behavior messages may not have reached all segments of this community.

Tags: Comparative Study; Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Blacks; *Cardiovascular Diseases--Prevention and Control --PC; *Educational Status; *Health Behavior--Ethnology--EH; *Knowledge, Attitudes, Practice; *Whites; Adolescence; Adult; Aged; Cross-Sectional Studies; Middle Age; Regression Analysis; Risk Factors; Socioeconomic Factors; South Carolina

112. Cardiovascular risks: among Black and White rural-urban low income women.

Edwards KA; Parker DE; Burks CD; West AM; Adams M

ABNF J (UNITED STATES) Fall 1991, 2 (4) p72-6, ISSN 1046-7041

Journal Code: A88

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9204

Subfile: NURSING

The purpose of this descriptive comparative pilot study was to determine if there are rural-urban and racial differences in the prevalence of four modifiable risk factors (blood pressure, serum cholesterol, diabetes and smoking) for cardiovascular disease among low income Black and White women. Of the 163 low income women who participated in the study, it was found

that Black women had a significantly higher prevalence of elevated blood pressure and serum cholesterol levels than White women. The observed rates for smoking and diabetes were highest among rural White women. Implications for health education and continued research are presented.

Tags: Female; Human

Descriptors: *Blacks; *Cardiovascular Diseases--Ethnology--EH; *Whites; Adult; Cardiovascular Diseases--Etiology--ET; Clinical Nursing Research; Middle Age; Pilot Projects; Poverty; Risk Factors; Rural Population; Urban Population

113. Chronic obstructive pulmonary disease in blacks and whites: pulmonary function norms and risk factors.

Gillum RF

Office of Analysis and Epidemiology, National Center for Health Statistics, Hyattsville, Maryland 20782.

J Natl Med Assoc (UNITED STATES) May 1991, 83 (5) p393-401, ISSN 0027-9684 Journal Code: J9Z

Languages: ENGLISH

Document type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL

JOURNAL ANNOUNCEMENT: 9111

Subfile: INDEX MEDICUS

Chronic obstructive pulmonary disease (COPD) and asthma are significant causes of illness and death in blacks. Racial differences in normal values of pulmonary function tests must be considered in both patient care and research. Assessment of risk factors is an important part of COPD management and prevention. An extensive review of data from the National Center for Health Statistics and from other population-based studies confirmed lower lung volumes in blacks compared to whites. However, the ratio of forced expiratory volume in 1 second to forced vital capacity was not lower in blacks; racial differences in flow rates were inconsistently reported. Thoracic dimensions were smaller in blacks than in whites in healthy populations. The cause and the physiologic and pathophysiologic significance of these racial differences are unknown. Population-based studies in blacks have firmly established only age and cigarette smoking as risk factors for COPD other than asthma. In 1987, 43% of black men aged 45 and older smoked cigarettes compared to only 30% of white men. Further research is needed on racial differences in pulmonary function and the effects of multiple risk factors to enhance understanding of COPD etiology and prevention. More vigorous smoking prevention and cessation efforts should be targeted for blacks by physicians and public health organizations. (65 Refs.)

Tags: Female; Human; Male

Descriptors: *Lung Diseases, Obstructive--Epidemiology--EP; Adolescence; Adult; Aged; Caucasoid Race; Child; Lung Diseases, Obstructive--Etiology--ET; Lung Diseases, Obstructive--Physiopathology--PP; Middle Age; Negroid Race; Respiratory Mechanics; Risk Factors; Smoking--Adverse Effects--AE

114. Lung cancer and the debrisoquine metabolic phenotype [see comments]

Caporaso NE; Tucker MA; Hoover RN; Hayes RB; Pickle LW; Issaq HJ; Muschik GM; Green-Gallo L; Buvys D; Aisner S; et al

Environmental Epidemiology Branch, National Cancer Institute, National Institutes of Health, Bethesda, MD 20892.

J Natl Cancer Inst (UNITED STATES) Aug 1 1990, 82 (15) p1264-72, ISSN 0027-8874 Journal Code: J9J

Comment in J Natl Cancer Inst 1990 Aug 1;82(15):1236-7; Comment in: J Natl Cancer Inst 1991 Jan 2;83(1):64-6

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9011

Subfile: INDEX MEDICUS

In a case-control study, we tested the hypothesis that the genetically determined ability to metabolize debrisoquine is related to risk of lung cancer. Overall, individuals who were extensive metabolizers of debrisoquine were at significantly greater risk of lung cancer than those who were poor or intermediate metabolizers (odds ratio = 6.1; 95% confidence interval = 2.2-17.1). In this study, case patients had lung cancer, and control subjects had either chronic obstructive pulmonary disease or cancers other than lung cancer. Results were adjusted for age, race, asbestos exposure, and smoking. Both black and white individuals who were extensive metabolizers of debrisoquine were at significantly increased risk after similar adjustment (for blacks, odds ratio = 4.5, 95% confidence interval = 1.1-18.1; for whites, odds ratio = 10.2, 95% confidence interval = 2.0-51.4). Significantly increased risk of lung cancer was also present for individuals who were extensive metabolizers when subjects with chronic obstructive pulmonary disease or other cancers were considered separately. These data confirm that the ability to metabolize debrisoquine is a major determinant of susceptibility to lung cancer. Evaluation of the marker in other case-control settings, further exploration of racial differences, and the prospective evaluation of this marker in subgroups at high risk of lung cancer are areas worthy of further study.

Tags: Comparative Study; Female; Human; Male

Descriptors: *Adenocarcinoma--Genetics--GE; *Debrisoquin--Metabolism--ME; *Isoquinolines--Metabolism--ME; *Lung Neoplasms--Genetics--GE; Adenocarcinoma--Metabolism--ME; Case-Control Studies; Lung Diseases, Obstructive--Genetics--GE; Lung Diseases, Obstructive--Metabolism--ME; Lung Neoplasms--Metabolism--ME; Middle Age; Phenotype; Risk; Risk Factors; Smoking

CAS Registry No.: 0 (Isoquinolines); 1131-64-2 (Debrisoquin)

7/9/9 (Item 9 from file: 155)

115. Chronic obstructive pulmonary disease in blacks and whites: mortality and morbidity.

Gillum RF

Office of Analysis and Epidemiology, National Center for Health Statistics, Hyattsville, MD 20782.

J Natl Med Assoc (UNITED STATES) Jun 1990, 82 (6) p417-28, ISSN 0027-9684 Journal Code: J9Z

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 9010

Subfile: INDEX MEDICUS

Previous reports cite puzzling racial differences in several indicators of chronic obstructive pulmonary disease (COPD). An extensive review of data from the National Center for Health Statistics and from population-based studies confirmed lower overall COPD but higher asthma mortality in blacks compared with whites, and lower chronic bronchitis and emphysema but similar or higher asthma prevalence in blacks compared with whites. The excess of asthma mortality and hospitalization out of proportion to the excess prevalence in blacks may be due to greater disease severity, poorer outcomes of outpatient treatment in blacks than whites, or both. Further investigations of racial differences may enhance understanding of COPD etiology and prevention. Physicians and public health organizations should vigorously strive for smoking prevention and cessation in blacks and whites.

Tags: Comparative Study; Female; Human; Male

Descriptors: *Caucasoid Race; *Lung Diseases, Obstructive--Epidemiology --EP; *Negroid Race; Adult; Aged; Aged, 80 and over; Health Services

--Utilization--UT; Lung Diseases, Obstructive--Mortality--MO; Middle Age; Prevalence; United States--Epidemiology--EP

116. Ethnic differences in blood pressure, pulse rate, and related characteristics in young adults. The CARDIA study.

Liu K; Ballew C; Jacobs DR Jr; Sidney S; Savage PJ; Dyer A; Hughes G; Blanton MM

Department of Community Health, Northwestern University Medical School, Chicago, Illinois 60611.

Hypertension (UNITED STATES) Aug 1989, 14 (2) p218-26, ISSN 0194-911X
Journal Code: GK7

Contract/Grant No.: N01-HC-48047, HC, NHLBI; N01-HC-48048, HC, NHLBI; N01-HC-048049, HC, NHLBI; +

Languages: ENGLISH

Document type: JOURNAL ARTICLE

JOURNAL ANNOUNCEMENT: 8911

Subfile: INDEX MEDICUS

This study examined ethnic differences in blood pressure and pulse rate in young adults to see whether the differences, if they exist, can be explained by differences in body mass index, lifestyle, psychological, and socioeconomic characteristics. Data used were from the baseline examination of the Coronary Artery Risk Development in (Young) Adults Study (CARDIA). CARDIA is a longitudinal study of lifestyle and evolution of cardiovascular disease risk factors in 5,116 young adults, black and white, men and women, aged 18-30 years, of varying socioeconomic status. Young black adults had higher mean systolic blood pressure and slightly higher mean diastolic blood pressure than young white adults. For both men and women, the blood pressure differences between blacks and whites tended to be greater for the age group 25-30 than for the age group 18-24 years. Among the variables studied, body mass index, duration of exercise on the treadmill, number of cigarettes smoked per day, and number of alcoholic drinks per week were consistently associated with blood pressure. The blood pressure differences were greatly reduced after adjusting for these variables. Black participants had lower mean pulse rate than white participants. The differences tended to be greater for the age group 18-24 than for the age group 25-30 years. Among the variables studied, only duration on treadmill and number of cigarettes smoked per day were consistently correlated with pulse rate. With adjustment for duration on treadmill, the differences in pulse rate increased. These results suggest that differences in ethnic pattern of blood pressures and pulse rate with age may be due in part to obesity, physical fitness, alcohol consumption, and cigarette smoking.

Tags: Female; Human; Male; Support, U.S. Gov't, P.H.S.

Descriptors: *Blood Pressure; *Pulse; Adolescence; Adult; Age Factors; Body Weight; Caucasoid Race; Education; Electrolytes--Administration and Dosage--AD; Negroid Race; Physical Endurance; Smoking

CAS Registry No.: 0 (Electrolytes)

117. Title: Primordial prevention of cardiovascular disease among African-Americans: A social epidemiological perspective

Author(s): James SA (REPRINT)

Corporate Source: UNIV MICHIGAN,CTR RES ETHN CULTURE & HLTH, SCH PUBL HLTH, 109 S OBSERV, 3072/ANN ARBOR//MI/48109 (REPRINT)

Journal: PREVENTIVE MEDICINE, 1999, V29, N6,2,S (DEC), PS84-S89

ISSN: 0091-7435 Publication date: 19991200

Publisher: ACADEMIC PRESS INC, 525 B ST, STE 1900, SAN DIEGO, CA 92101-4495

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH;

MEDICINE, GENERAL & INTERNAL

Abstract: Background The primordial prevention of cardiovascular disease (CVD) among African-Americans represents a formidable challenge for public health. This paper discusses the nature of this challenge, highlighting the role that economic and cultural factors play in shaping the distributions of major CVD risk factors among African-Americans. The paper concludes with specific suggestions for research.

Methods, Data from recent national health surveys on black/white differences in major CVD risk factors like hypertension, obesity, cholesterol, cigarette smoking, and physical inactivity were reviewed for the purpose of identifying promising avenues for primordial prevention research among African-Americans,

Results, Cigarette smoking has a delayed onset among African-Americans compared to whites. Black/ white differences in "vigorous" leisure-time physical activity (e.g., social dancing and team sports) are not apparent until around. age 40. These findings have relevance for primordial prevention work in black communities since they suggest the existence of broad-based, health-relevant cultural norms which could support primordial prevention programs, such as regular physical activity, across the life cycle,

Conclusions. CVD primordial prevention programs among african-Americans must be grounded in an understanding of how cultural values as well as economic conditions shape CVD risk factor distributions in this population. Ultimate success will depend on the strength of the partnerships that public health researchers, primary care providers, and community residents are able to build. (C) 1999 American Health Foundation and Academic Press.

Descriptors--Author Keywords: cardiovascular disease ; blacks ; prevention ; physical activity

Identifiers--KeyWord Plus(R): CORONARY HEART-DISEASE; NUTRITION EXAMINATION SURVEY; 3RD NATIONAL-HEALTH; UNITED-STATES; RACIAL-DIFFERENCES; PHYSICAL-ACTIVITY; WHITE WOMEN; US ADULTS; MORTALITY; HYPERTENSION

118. Title: The prevention of cardiovascular disease in blacks

Author(s): Ofili E (REPRINT) ; IghoPemu P; Bransford T

Corporate Source: MOREHOUSE SCH MED,CARDIOL SECT, 720 WESTVIEW DR SW/ATLANTA//GA/30310 (REPRINT)

Journal: CURRENT OPINION IN CARDIOLOGY, 1999, V14, N2 (MAR), P169-175

ISSN: 0268-4705 **Publication date:** 19990300

Publisher: LIPPINCOTT WILLIAMS & WILKINS, 227 EAST WASHINGTON SQ, PHILADELPHIA, PA 19106

Language: English **Document Type:** REVIEW

Geographic Location: USA

Subfile: CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: CARDIAC & CARDIOVASCULAR SYSTEMS

Abstract: Cardiovascular disease (CVD) in black patients involves a complex interplay of risk, geographic, socioeconomic, and cultural factors. Modifiable risk factors such as high blood pressure, diabetes, cigarette smoking, high blood cholesterol, and physical inactivity contribute to the excess CVD mortality and morbidity in blacks. Health perceptions, health care seeking behavior, and willingness to submit to long-term preventive therapies are significantly influenced by cultural and socioeconomic factors. Early detection and control of these risk factors are particularly important because blacks tend to have multiple cardiovascular risks.

The importance of churches and religious organizations in the black community should be harnessed by long-term strategies of CVD prevention. Emphasis on training of minority health care professionals who are most likely to practice in medically underserved areas should involve minority health professional schools.

In the final analysis, CVD prevention in blacks should focus on control of risk factors; however, the role of environmental factors should be recognized, including socioeconomic status on access to health care and prevention. Long-term strategies of CVD prevention must involve active collaboration of health care providers and researchers to develop and test effective strategies. Churches and other religious organizations are effective but underutilized partners in CVD prevention in blacks.

Identifiers--KeyWord Plus(R): RACIAL-DIFFERENCES; AFRICAN-AMERICAN; HEALTH-CARE; ADULTS; RISK; CHOLESTEROL; PREVALENCE; INFARCTION; SURVIVAL; PATTERNS

119. Title: Ethnic variation in cardiovascular disease risk factors among children and young adults - Findings from the Third National Health and Nutrition Examination Survey, 1988-1994

Author(s): Winkleby MA (REPRINT) ; Robinson TN; Sundquist J; Kraemer HC

Corporate Source: STANFORD UNIV,SCH MED, STANFORD CTR RES DIS PREVENT, DEPT MED, 1000 WELCH RD/PALO ALTO//CA/94304 (REPRINT); STANFORD UNIV,SCH MED, DEPT PEDIAT/PALO ALTO//CA/94304

Journal: JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 1999, V281, N11 (MAR 17), P1006-1013

ISSN: 0098-7484 Publication date: 19990317

Publisher: AMER MEDICAL ASSOC, 515 N STATE ST, CHICAGO, IL 60610

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Context Knowledge about ethnic differences in cardiovascular disease (CVD) risk factors among children and young adults from national samples is limited.

Objective To evaluate ethnic differences in CVD risk factors, the age at which differences were first apparent, and whether differences remained after accounting for socioeconomic status (SES).

Design Third National Health and Nutrition Examination Survey, 1988-1994,

Setting Eighty-nine mobile examination centers,

Participants A total of 2769 black, 2854 Mexican American, and 2063 white (non-Hispanic) children and young adults aged 6 to 24 years.

Main Outcome Measures Ethnicity and household level of education (SES) in relation to body mass index (BMI), percentage of energy from dietary fat, cigarette smoking, systolic blood pressure, glycosylated hemoglobin (HbA_{1c}), and non-high-density lipoprotein cholesterol (non-HDL-C [the difference between total cholesterol and HDL-C]).

Results The BMI levels were significantly higher for black and Mexican American girls than for white girls, with ethnic differences evident by the age of 6 to 9 years (a difference of approximately 0.5 BMI units) and widening thereafter (a difference of >2 BMI units among

18- to 24-year-olds). Percentages of energy from dietary fat paralleled these findings and were also significantly higher for black than for white boys. Blood pressure levels were higher for black girls than for white girls in every age group, and glycosylated hemoglobin levels were highest for black and Mexican American girls and boys in every age group. In contrast, smoking prevalence was highest for white girls and boys, especially for those from low-SES homes (77% of young men and 61% of young women, aged 18-24 years, from low-SES homes were current smokers). All ethnic differences remained significant after accounting for SES and age.

Conclusion These findings show strong ethnic differences in CVD risk factors among youths of comparable age and SES from a large national sample. The differences highlight the need for heart disease prevention programs to begin early in childhood and continue throughout young adulthood to reduce the risk of atherosclerosis.

Identifiers--KeyWord Plus(R): HISPANIC WHITE-CHILDREN; BODY-MASS INDEX; SOCIOECONOMIC-STATUS; DIABETES-MELLITUS; RACIAL-DIFFERENCES; MEXICAN-AMERICANS; BLOOD-PRESSURE; INSULIN; ADOLESCENTS; GROWTH

120. Title: The body mass index-mortality relationship in white and African American women

Author(s): Stevens J (REPRINT) ; Plankey MW; Williamson DF; Thun MJ; Rust PF; Palesch Y; O'Neil PM

Corporate Source: UNIV N CAROLINA,DEPT NUTR, SCH PUBL HLTH, CB 7400/CHAPEL HILL//NC/27599 (REPRINT); UNIV N CAROLINA,DEPT EPIDEMIOL, SCH PUBL HLTH/CHAPEL HILL//NC/27599; MED UNIV S CAROLINA,DEPT BIOMETRY/CHARLESTON//SC/29425; MED UNIV S CAROLINA,DEPT PSYCHIAT/CHARLESTON//SC/29425; CTR DIS CONTROL,NATL CTR CHRON DIS PREVENT & HLTH PROMOT/ATLANTA//GA/30333; AMER CANC SOC./ATLANTA//GA/30329

Journal: OBESITY RESEARCH, 1998, V6, N4 (JUL), P268-277

ISSN: 1071-7323 Publication date: 19980700

Publisher: NORTH AMER ASSOC STUDY OBESITY, C/O DR MICHAEL JENSEN, MAYO MEDICAL CENTER, MAYO CLIN 200 FIRST ST, SW, ROCHESTER, MN 55905

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences

Journal Subject Category: NUTRITION & DIETETICS; ENDOCRINOLOGY & METABOLISM

Abstract: Objective: To examine the association of body mass index to all-cause and cardiovascular disease (CVD) mortality in white and African American women.

Research methods and procedures: Women who were members of the American Cancer Society Prevention Study I were examined in 1959 to 1960 and then followed 12 years for vital status. Data for this analysis were from 8,142 black and 100,000 white women. Body mass index (BMI) was calculated from reported height and weight. Associations were examined using Cox proportional hazards modeling with some analyses stratified by smoking (current or never) and educational status (less than complete high school or high school graduate).

Results: There was a significant interaction between ethnicity and BMI for both all-cause ($p<0.05$) and CVD mortality ($p<0.001$). BMI (as a continuous variable) was associated with all-cause mortality in white women in all four groups defined by smoking and education. In black women with less than a high school education, there were no significant associations between BMI and mortality. For high school-educated black

women, there was a significant association between BMI and all-cause mortality. Among never smoking women with at least a high school education, models using the lowest BMI as the reference indicated a 40% higher risk of all-cause mortality at a BMI of 35.9 in black women vs. 27.3 in white women.

Discussion: The impact of BMI on mortality was modified by educational level in black women; however, BMI was a less potent risk factor in black women than in white women in the same category of educational status.

Descriptors--Author Keywords: all-cause mortality ; CVD mortality ; body mass index ; racial differences

Identifiers--KeyWord Plus(R): SELF-REPORTED HEIGHT; NUTRITION EXAMINATION SURVEY; CARDIOVASCULAR-DISEASE; FOLLOW-UP; NATIONAL-HEALTH; RELATIVE WEIGHT; ADIPOSE-TISSUE; UNITED-STATES; RISK-FACTORS; BLACK-WOMEN

121. Title: A review on ethnic differences in plasma triglycerides and high-density-lipoprotein cholesterol: Is the lipid pattern the key factor for the low coronary heart disease rate in people of African origin?

Author(s): Zoratti R (REPRINT)

Corporate Source: UNIV TRIESTE, IST CLIN MED, OSPED CATTINARA, STR FIUME 447/I-34149 TRIESTE//ITALY/ (REPRINT); UNIV LONDON IMPERIAL COLL SCI TECHNOL & MED, NATL HEART & LUNG INST, WYNN DIV METAB MED/LONDON//ENGLAND/

Journal: EUROPEAN JOURNAL OF EPIDEMIOLOGY, 1998, V14, N1 (JAN), P9-21

ISSN: 0393-2990 Publication date: 19980100

Publisher: KLUWER ACADEMIC PUBL, SPUIBOULEVARD 50, PO BOX 17, 3300 AA DORDRECHT, NETHERLANDS

Language: English Document Type: REVIEW

Geographic Location: ITALY; ENGLAND

Subfile: CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH

Abstract: Black people in the UK, in the Caribbean, and to a lesser extent in the USA, experience coronary heart disease events at different rates than white people. Despite having higher prevalence of hypertension, cigarette smoking and diabetes, black males have significantly lower coronary heart disease rates than white males, whereas no significant differences have been detected in females. The only known risk factor differences that could account for the difference in CHD rates are higher HDL cholesterol and lower triglycerides that are seen in blacks compared with whites. Obesity and, in particular abdominal obesity, seems to determine TG and HDL cholesterol levels: black males are less centrally obese than whites, while total adiposity and central distribution of fat is more predominant in black females compared with white females. We propose that the less degree of abdominal adiposity observed in black males is related with an increased anti-lipolytic effect of insulin, which could account for low triglycerides and high HDL cholesterol levels, and consequently explain the higher protection from coronary heart disease experienced by black males compared with whites and black females.

Descriptors--Author Keywords: blacks ; coronary heart disease ; high-density-lipoprotein cholesterol ; triglycerides ; whites

Identifiers--KeyWord Plus(R): BLACK-WHITE DIFFERENCES; 2ND NATIONAL-HEALTH; NUTRITION-EXAMINATION-SURVEY; BODY-FAT DISTRIBUTION; RISK-FACTORS; CARDIOVASCULAR-DISEASE; BOGALUSA-HEART; ARTERY DISEASE; SERUM-LIPIDS; BLOOD-PRESSURE

122. Title: Socioeconomic status, race, and death from coronary heart disease

Author(s): Escobedo LG (REPRINT) ; Giles WH; Anda RF

Corporate Source: IMMIGRAT & NATURALIZAT HLTH FACIL, 8915 MONTANA AVE/EL PASO//TX/79925 (REPRINT); CTR DIS CONTROL, NATL CTR CHRON DIS PREVENT & HLTH PROMOT, CARDIOVASC HLTH STUDIES BRANCH/ATLANTA//GA/30333

Journal: AMERICAN JOURNAL OF PREVENTIVE MEDICINE, 1997, V13, N2 (MAR-APR), P123-130

ISSN: 0749-3797 Publication date: 19970300

Publisher: OXFORD UNIV PRESS INC, JOURNALS DEPT, 2001 EVANS RD, CARY, NC 27513

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC CLIN--Current Contents, Clinical Medicine;

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Introduction: Data to assess factors associated with differences in coronary heart disease mortality between Caucasians and African Americans are limited. We assessed risks for sudden, nonsudden, and other coronary death between Caucasians and African Americans in relation to known risk factors for coronary disease and socioeconomic status.

Methods: We analyzed data from the 1986 National Mortality Followback Survey, the 1985 National Health Interview Survey, and the U.S. Bureau of the Census. Logistic regression methods were used to create multivariate models to assess the relationship of socioeconomic status and other known modifiable risk factors to death from each of the three coronary diseases for Caucasians and African Americans separately.

Results: In an age- and gender-adjusted analysis of data on men 25-44 years old and women 25-54 years old, African Americans had about twice the risk for sudden, nonsudden, or other coronary death as did Caucasians. Adjusted risks for coronary death for Caucasians associated with modifiable risk factors (cigarette smoking, body weight, diabetes, and hypertension) either resembled or were slightly greater than those for African Americans. Half or more of all excess risks for African Americans in multivariate models could be explained by socioeconomic status. About 18% of excess sudden coronary death risk could be further explained by known modifiable coronary heart disease risk factors.

Conclusions: Broad public health efforts are needed to address these causes of excess mortality.

Medical Subject Headings (MeSH): coronary heart disease, mortality, race, surveys, socioeconomic status, African Americans.

Identifiers--KeyWord Plus(R): ACUTE MYOCARDIAL-INFARCTION; SUDDEN-DEATH; RISK-FACTORS; CARDIOVASCULAR-DISEASE; RACIAL-DIFFERENCES;

MORTALITY-RATES; UNITED-STATES; BLACK; RESPONDENTS; INFORMATION

Research Fronts: 95-2859 002 (INVASIVE CARDIAC PROCEDURES AMONG CARDIAC PATIENTS; RACIAL ETHNIC-DIFFERENCES; CORONARY HEART-DISEASE MORTALITY; PHYSICIAN SERVICES)

95-1843 001 (EXPRESSION OF HOSTILITY; TYPE-A BEHAVIOR; CARDIOVASCULAR REACTIVITY IN WOMEN; PHYSICAL HEALTH; NEGATIVE EMOTIONS; ACUTE MYOCARDIAL-INFARCTION; TIME URGENCY)

123. Title: DIFFERENCES IN MORTALITY AND MORBIDITY IN AFRICAN CARIBBEAN AND EUROPEAN PEOPLE WITH NON-INSULIN-DEPENDENT DIABETES-MELLITUS - RESULTS OF 20 YEAR FOLLOW-UP OF A LONDON COHORT OF A MULTINATIONAL STUDY

Author(s): CHATURVEDI N; JARRETT J; MORRISH N; KEEN H; FULLER JH
Corporate Source: UNIV COLL LONDON,DEPT EPIDEMIOL & PUBL HLTH,MORTIMER
ST/LONDON WC1E 6BT//ENGLAND//; BEDFORD HOSP,S WING/BEDFORD MK42
9DJ//ENGLAND//; GUYS HOSP,METAB MED UNIT/LONDON SE1 9RT//ENGLAND//
Journal: BRITISH MEDICAL JOURNAL, 1996, V313, N7061 (OCT 5), P848-852
ISSN: 0959-8138
Language: ENGLISH Document Type: ARTICLE
Geographic Location: ENGLAND
Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine
Journal Subject Category: MEDICINE, GENERAL & INTERNAL
Abstract: Objective-To examine differences in morbidity and mortality due
to non-insulin dependent diabetes in African Caribbeans and Europeans.

Design-Cohort study of patients with noninsulin dependent diabetes drawn from diabetes clinics in London, Baseline investigations were performed in 1975-7; follow up continued until 1995.

Patients-150 Europeans and 77 African Caribbeans with non-insulin dependent diabetes.

Main outcome measures-All cause and cardiovascular mortality; prevalence of microvascular and macrovascular complications.

Results-Duration of diabetes was shorter in African Caribbeans, particularly women, African Caribbeans were more likely than the Europeans to have been given a diagnosis after the onset of symptoms and less likely to be taking insulin, Mean cholesterol concentration was lower in African Caribbeans, but blood pressure and body mass index were not different in the two ethnic groups, Prevalence of microvascular and macrovascular complications was insignificantly lower in African Caribbeans than in Europeans. 59 Europeans and 16 African Caribbeans had died by the end of follow up, The risk ratio for all cause mortality was 0.41 (95% confidence interval 0.23 to 0.73) ($P=0.002$) for African Caribbeans v Europeans, This was attenuated to 0.59 (0.32 to 1.10) ($P=0.1$) after adjustment for sex, smoking, proteinuria, and body mass index. Further adjustment for systolic blood pressure, cholesterol concentration, age, duration of diabetes, and treatment made little difference to the risk ratio, Unadjusted risk ratios for cardiovascular and ischaemic heart disease were 0.33 (0.15 to 0.70) ($P=0.004$) and 0.37 (0.16 to 0.85) ($P=0.02$) respectively.

Conclusions-African Caribbeans with noninsulin dependent diabetes maintain a low risk of heart disease, Management priorities for diabetes developed in one ethnic group may not necessarily be applicable to other groups.

Identifiers--KeyWords Plus: STAGE RENAL-DISEASE; BLOOD-PRESSURE; VASCULAR-DISEASE; RISK-FACTORS; CARDIOVASCULAR-DISEASE; RACIAL-DIFFERENCES; BLACK; WHITE; TRANSPLANTATION; INDIVIDUALS
Research Fronts: 94-0314 001 (DIABETIC FOOT ULCERS; COMPARTMENT PRESSURE; HAND WRIST CUMULATIVE TRAUMA DISORDERS; ASSOCIATED MUSCULOSKELETAL SYMPTOMS; PREVENTION OF LOW-BACK-PAIN)
94-0796 001 (INSULIN-RESISTANCE IN HYPERTENSION; CORONARY HEART-DISEASE; ANTIHYPERTENSIVE DRUGS; ELDERLY MEN; CARDIOVASCULAR MECHANISMS)
94-2688 001 (EATING DISORDERS; RISK-FACTORS FOR OBESITY; WEIGHT CYCLING; BODY-FAT DISTRIBUTION; CORONARY-ARTERY DISEASE IN WOMEN; HIGH BLOOD CHOLESTEROL)

124. Title: ETHNICITY AND CARDIOVASCULAR-DISEASE - THE EVANS-COUNTY HEART-STUDY

Author(s): HAMES CG; GREENLUND KJ; BERENSON GS
Corporate Source: TULANE UNIV, SCH PUBL HLTH & TROP MED, TULANE CTR CARDIOVASC HLTH, 1501 CANAL ST, 14TH FLOOR/NEW ORLEANS//LA/70112; TULANE UNIV, SCH PUBL HLTH & TROP MED, TULANE CTR CARDIOVASC HLTH/NEW ORLEANS//LA/70112
Journal: AMERICAN JOURNAL OF THE MEDICAL SCIENCES, 1996, V311, N3 (MAR), P 130-134
ISSN: 0002-9629
Language: ENGLISH Document Type: ARTICLE
Geographic Location: USA
Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine
Journal Subject Category: MEDICINE, GENERAL & INTERNAL
Abstract: A long-term study of diversity between two ethnic groups was developed in Evans County, Georgia. The findings are predicated on the genotypic-phenotypic interactions, with the multitude of environmental factors. The genetic environmental interaction ultimately determines the individual's state of health or disease. For example, coronary heart disease prevalence and incidence rates were extremely low for blacks in Africa and four times lower than whites in rural South Georgia in the 1960s. Excessive hypertension and diabetes mellitus, and greater cerebrovascular disease mortality in black men, is now well known. Blood pressure levels studied in rural Africa were normal and did not rise with age, whereas blacks, conversely, demonstrated twice as much hypertension in South Georgia as whites and demonstrated an inverse relation between education and blood pressure (ie, the lower the education the higher the blood pressure). Cultural adaptation has accelerated hypertensive disease and strokes in blacks, while there remains an excess of atherosclerotic coronary heart disease in white men. Secular trends suggest that coronary heart disease is decreasing among white men but may be increasing in black men. Studies of ethnicity and biracial populations provide important cardiovascular disease associations with clinical risk factor studies.

Descriptors--Author Keywords: CORONARY HEART DISEASE ; ETHNICITY ; INCIDENCE ; PREVALENCE ; STROKE

Identifiers--KeyWords Plus: BLACK-WHITE DIFFERENCES; BLOOD-PRESSURE; RISK-FACTORS; RACIAL-DIFFERENCES; CIGARETTE-SMOKING; SOCIAL-CLASS; MORTALITY; CHOLESTEROL; LIPOPROTEIN; MALES

125. Title: HISPANIC VERSUS WHITE SMOKING PATTERNS BY SEX AND LEVEL OF EDUCATION

Author(s): WINKLEBY MA; SCHOOLER C; KRAEMER HC; LIN J; FORTMANN SP
Corporate Source: STANFORD UNIV, SCH MED, STANFORD CTR RES DIS PREVENT, 1000 WELCH RD/PALO ALTO//CA/94304; STANFORD UNIV, DEPT MED/PALO ALTO//CA/94304

Journal: AMERICAN JOURNAL OF EPIDEMIOLOGY, 1995, V142, N4 (AUG 15), P 410-418

ISSN: 0002-9262

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH

Abstract: Although past studies have compared cigarette smoking patterns in Hispanics and whites, few have examined differences within sex and educational subgroups. Data are presented for 1,088 Hispanic women and men (89% Mexican-American origin) and pairwise matched white women and men (544 pairs), aged 25-74 years, who participated in population-based cross-sectional surveys in California in 1979-1990. Each pair was matched on age, sex, educational level, city of residence, and survey time period. There were large differences in smoking prevalence rates

and

between Hispanic and white pairs with low educational attainment. White women and men with less than a high school education were approximately twice as likely to be current daily cigarette smokers as were similarly educated Hispanic women and men (46.1 vs. 20.6% for women and 52.7 vs. 30.1% for men). As the level of education increased, these ethnic differences in smoking decreased and became negligible among those who completed college. Virtually all low-educated white men (92.5%) and most low-educated white women (73.1%) were either current or former daily smokers. There were large ethnic differences in rates of smoking cessation advice from a physician; only 8.3% of low-educated Hispanic men who were current daily smokers had ever been advised by a physician to stop smoking, compared with 59.6% of low-educated white men. These data confirm ethnic differences in smoking behavior and identify the high smoking rates of white men and women with low educational attainment, thus delineating an often unrecognized group toward whom tobacco prevention and cessation activities should be directed.

Descriptors--Author Keywords: CARDIOVASCULAR DISEASES ; EDUCATION ; ETHNIC GROUPS ; HEALTH BEHAVIOR ; HISPANIC AMERICANS ; SMOKING ; SOCIAL CLASS

Identifiers--KeyWords Plus: STANFORD 5-CITY PROJECT; UNITED-STATES; RISK-FACTORS; CIGARETTE-SMOKING; MEXICAN-AMERICANS; CARDIOVASCULAR-DISEASE; SOCIOECONOMIC-STATUS; SOCIAL-CLASS; MORTALITY; HEALTH

Research Fronts: 93-0528 004 (LONG-TERM COMMUNITY-BASED HEALTH PROMOTION PROGRAMS; STANFORD 5-CITY PROJECT; PREVENTION OF HIGH BLOOD-PRESSURE; CORONARY HEART-DISEASE RISK-FACTORS)

93-0069 001 (NICOTINE PATCHES IN SMOKING CESSATION; NICODERM(R) (NICOTINE TRANSDERMAL SYSTEM); AFRICAN-AMERICAN WOMEN CIGARETTE SMOKERS)

93-4271 001 (ADOLESCENT SMOKING PREVENTION PROGRAMS; COMPREHENSIVE SCHOOL-HEALTH PROMOTION; SUBSTANCE USE)

93-6377 001 (HISPANIC CHILDREN; TOBACCO RESISTANCE ACTIVITY PROGRAM; DISEASE PREVENTION STRATEGIES)

126. Title: BLACK-WHITE DIFFERENCES IN SERUM COTININE LEVELS AMONG PREGNANT-WOMEN AND SUBSEQUENT EFFECTS ON INFANT BIRTH-WEIGHT

Author(s): ENGLISH PB; ESKENAZI B; CHRISTIANSON RE

Corporate Source: UNIV CALIF BERKELEY,SCH PUBL HLTH,MATERNAL & CHILD HLTH PROGRAM,312 WARREN HALL/BERKELEY//CA/94720; UNIV CALIF BERKELEY,SCH PUBL HLTH,PROGRAM EPIDEMIOL/BERKELEY//CA/94720

Journal: AMERICAN JOURNAL OF PUBLIC HEALTH, 1994, V84, N9 (SEP), P1439-1443

ISSN: 0090-0036

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SocSearch; SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine; CC SOCS--Current Contents, Social & Behavioral Sciences

Journal Subject Category: PUBLIC HEALTH

Abstract: Objectives. Higher levels of serum cotinine (a metabolite of nicotine) have been found in Black smokers than in White smokers even after self-reported cigarette dose was controlled. It is unknown whether higher cotinine levels in Black pregnant smokers may increase the risk of delivering an infant of reduced birthweight.

Methods. We analyzed serum cotinine levels of 374 Black and 829 White women who smoked during pregnancy and who delivered between April 1964 and April 1967. Racial differences in the relationship between cotinine and birthweight were examined.

Results. Cotinine levels were 27.4 ng/mL higher in Black smokers after cigarette dose and confounding variables were controlled. Blacks

had higher cotinine levels than Whites at each dose. No significant racial differences in the rate of decrease in birthweight per nanogram of cotinine per milliliter were found.

Conclusions. Our results confirm previous research showing higher cotinine levels at each smoking dose in Black smokers than in White smokers. Because there was no difference in the rate of decrease in birthweight due to cotinine, our results suggest that cigarette smoking among Blacks may have a greater effect on birthweight than it does among Whites.

Identifiers--KeyWords Plus: CIGARETTE CONSUMPTION; BIRTH-WEIGHT; SMOKING; NICOTINE; EXPOSURE; VALIDATION; SMOKERS

Research Fronts: 92-2305 001 (SOCIAL DEPRIVATION; INEQUALITY IN HEALTH; CARDIOVASCULAR-DISEASE RISK-FACTORS; SCOTTISH POPULATION; DIETARY NICOTINE; GENERAL-PRACTICE WORKLOAD)

127. Title: BLACK-WOMEN HAVE SMALLER ABDOMINAL GIRTHS THAN WHITE WOMEN OF THE SAME RELATIVE WEIGHT

Author(s): STEVENS J; PLANKEY MW; KEIL JE; RUST PF; TYROLER HA; DAVIS CE

Corporate Source: UNIV N CAROLINA,SCH PUBL HLTH,DEPT EPIDEMIOL & NUTR/CHAPEL HILL//NC/27514; UNIV N CAROLINA,SCH PUBL HLTH,DEPT EPIDEMIOL/CHAPEL HILL//NC/00000; UNIV N CAROLINA,SCH PUBL HLTH,DEPT BIOSTAT/CHAPEL HILL//NC/00000; MED UNIV S CAROLINA,DEPT BIOMETRY & EPIDEMIOL/CHARLESTON//SC/29425

Journal: JOURNAL OF CLINICAL EPIDEMIOLOGY, 1994, V47, N5 (MAY), P495-499

ISSN: 0895-4356

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN-- Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH; MEDICINE, GENERAL & INTERNAL

Abstract: Anthropometric measurements were compared in 312 white and 242 black women (mean age 54) who were participants in the Charleston Heart Study. Body mass index (BMI) was greater in black women (27.8 kg/m²) than in white women (24.7 kg/m²) as were body circumferences. However, when the girth measurements were adjusted for BMI, some racial differences were reversed. Age, smoking and BMI-adjusted abdominal girth was smaller in the black women than in the white women (88.9 cm vs 92.2 cm). The ratio of abdomen to midarm circumference was larger in white women than black women (3.24 vs 3.09), and could be interpreted to indicate a less central fat pattern in the black women. This conclusion should be viewed with caution since circumference measurements, though often used in epidemiologic research, do not differentiate between subcutaneous fat and visceral fat.

Descriptors--Author Keywords: ADIPOSE TISSUE ; ANTHROPOMETRY ; BLACKS ; BODY WEIGHTS ; FAT PATTERNING ; OBESITY

Identifiers--KeyWords Plus: CORONARY HEART-DISEASE; BODY-FAT DISTRIBUTION; ADIPOSE-TISSUE; CARDIOVASCULAR-DISEASE; CIGARETTE-SMOKING; OBESITY; RISK; MEN; ANTHROPOMETRY; PARTICIPANTS

Research Fronts: 92-2669 004 (ABDOMINAL FAT DISTRIBUTION IN OBESE PATIENTS; CORONARY HEART-DISEASE MORTALITY; NONDIABETIC MEN; BODY-MASS INDEX; CARDIOVASCULAR RISK-FACTORS)

92-7186 001 (SELF-REPORTED WEIGHT; BODY-MASS INDEX; PREVALENCE OF OBESITY; BLACK ADULTS)

128. Title: TOBACCO USE BY BLACK-AND-WHITE ADOLESCENTS - THE VALIDITY OF SELF-REPORTS

Author(s): BAUMAN KE; ENNETT SE

Corporate Source: UNIV N CAROLINA,SCH PUBL HLTH,DEPT HLTH BEHAV & HLTH

EDUC, ROSENAU HALL CB 7400/CHAPEL HILL//NC/27599; RES TRIANGLE INST/RES TRIANGLE PK//NC/00000
Journal: AMERICAN JOURNAL OF PUBLIC HEALTH, 1994, V84, N3 (MAR), P394-398
ISSN: 0090-0036
Language: ENGLISH Document Type: ARTICLE
Geographic Location: USA
Subfile: SocSearch; SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine; CC SOCS--Current Contents, Social & Behavioral Sciences
Journal Subject Category: PUBLIC HEALTH
Abstract: Objectives. Previous studies concluded that Black adolescents use tobacco and other drugs less than White adolescents. The Black-White differences typically were attributed to variations in background and lifestyle. The objective of the research reported in this paper was to determine whether the presumed difference in tobacco use is due to Black-White differences in the validity of self-reports.
Methods. We used biochemical measures to compare the validity of self-reports of tobacco use by 1823 Black and White adolescents and to assess the contribution of variation in validity to Black-White differences in reported tobacco use.

Results. The sensitivity of Blacks' reports was significantly less than the sensitivity of Whites' reports. The specificity of Whites' reports was significantly less than the specificity of Blacks' reports. Much of the Black-White differences in reports of cigarette smoking and tobacco use were due to Black-White differences in validity.

Conclusions. Studies of Black-White differences should adjust for the invalidity of reports or acknowledge that much of the difference may be due to measurement error.

Identifiers--KeyWords Plus: RACIAL ETHNIC-DIFFERENCES; SERUM COTININE LEVELS; CIGARETTE-SMOKING; DRUG-USE; SUBSTANCE USE; DRINKING; BEHAVIOR; IMPACT; COHORT
Research Fronts: 92-0439 001 (DRUG-USE IN URBAN ADOLESCENTS; SUBSTANCE-ABUSE PREVENTION; PROTECTIVE FACTORS; EARLY ADULTHOOD)
92-2305 001 (SOCIAL DEPRIVATION; INEQUALITY IN HEALTH; CARDIOVASCULAR-DISEASE RISK-FACTORS; SCOTTISH POPULATION; DIETARY NICOTINE; GENERAL-PRACTICE WORKLOAD)

129. Title: AIRWAY RESPONSIVENESS IN YOUNG BLACK-AND-WHITE WOMEN
Author(s): SHERMAN CB; TOLLERUD DJ; HEFFNER LJ; SPEIZER FE; WEISS ST
Corporate Source: MIRIAM HOSP, DIV PULM, 164 SUMMIT AVE/PROVIDENCE//RI/02906; BROWN UNIV, SCH MED, DEPT MED/PROVIDENCE//RI/02912; UNIV PITTSBURGH, GRAD SCH PUBL HLTH, DEPT ENVIRONM & OCCUPAT HLTH/PITTSBURGH//PA/15260; HARVARD UNIV, BRIGHAM & WOMENS HOSP, CHANNING LAB, DEPT OBSTET GYNECOL & REPROD BIOL/BOSTON//MA/02115; BETH ISRAEL HOSP, DIV PULM & CRIT CARE/BOSTON//MA/02215; HARVARD UNIV, SCH MED, DEPT MED/BOSTON//MA/02115
Journal: AMERICAN REVIEW OF RESPIRATORY DISEASE, 1993, V148, N1 (JUL), P 98-102
ISSN: 0003-0805
Language: ENGLISH Document Type: ARTICLE
Geographic Location: USA
Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine
Journal Subject Category: RESPIRATORY SYSTEM
Abstract: The prevalence and severity of asthma appears to be greater in blacks than in whites. To determine if racial differences in airway responsiveness may explain these findings, methacholine challenge tests

from 62 black and 238 white women 20 to 35 yr of age were evaluated. Subjects served as controls for a case-control study of the relation of airway responsiveness and preterm labor. Standardized questionnaires were used to obtain information on age, obstetrical history, education, income, cigarette smoking, medication use, and respiratory illnesses and symptoms. Total serum IgE was measured using a radioimmunoassay. Methacholine challenge testing was performed on all subjects 6 wk after delivery, and the provocative dose causing a 20% decrease in FEV1 (PD20) was calculated. Black women in the study had more pregnancies and children, were younger, less well educated and more impoverished, and reported greater cigarette smoking and less medication use than did the white women. Additionally, black women had higher geometric mean serum IgE levels (blacks: 65.4 IU versus whites: 20.0 IU; $p < 0.001$), lower FEV1 (blacks: $2.73 +/- 0.38$ SD L versus whites: $3.19 +/- 0.39$ L; $p < 0.001$), and greater unadjusted airway responsiveness than did white women (geometric mean PD20: blacks: 28.4 μ mol versus whites: 38.8 μ mol; $p = 0.02$). After adjusting for selective demographic and smoking differences, a significant additional effect of race on mean PD20 was found. However, after adjustment for level of serum IgE and level of FEV1, racial differences were no longer apparent. Similar results were found when asthmatics were excluded from the analyses (black asthmatics, $n = 6$: 9.7% versus white asthmatics, $n = 19$: 8.0%) and when only subjects with heightened airway responsiveness were included in the analyses (blacks, $n = 21$: 33.9% versus whites, $n = 45$: 18.9%). These findings suggest that young black women have a greater degree of methacholine airway responsiveness than do white women of comparable age. Higher levels of serum IgE and lower levels of lung function in blacks may explain these findings.

Identifiers--KeyWords Plus: PULMONARY-FUNCTION; IGE LEVELS; SERUM IGE; ASTHMA; METHACHOLINE; POPULATION; CHILDREN; MORTALITY; ALLERGY
Research Fronts: 91-1742 001 (IDIOPATHIC PULMONARY FIBROSIS; HYPERCAPNIC RESPONSES OF HEART-LUNG TRANSPLANT RECIPIENTS; RESPIRATORY SYMPTOMS; ASTHMA AMONG ELDERLY ADULTS; SERUM IGE)
91-3533 001 (BRONCHIAL RESPONSIVENESS; RESPIRATORY SYMPTOMS; CHILDHOOD ASTHMA; AIRWAY HYPERRESPONSIVENESS; METHACHOLINE IN CHILDREN; HISTAMINE CHALLENGE TEST)
91-6564 001 (BRONCHIAL RESPONSIVENESS; CHRONIC OBSTRUCTIVE PULMONARY-DISEASE; ALVEOLAR MACROPHAGES OF SMOKERS; RESPIRATORY SYMPTOMS)

130. Title: CHRONIC OBSTRUCTIVE PULMONARY-DISEASE IN BLACKS AND WHITES - PULMONARY-FUNCTION NORMS AND RISK-FACTORS

Author(s): GILLUM RF

Corporate Source: NATL CTR HLTH STAT, OFF ANAL & EPIDEMIOL, PRESIDENTIAL BLDG, RM 1000, 6725 BELEREST RD/HYATTSVILLE//MD/20782

Journal: JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION, 1991, V83, N5, P 393-401

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Chronic obstructive pulmonary disease (COPD) and asthma are significant causes of illness and death in blacks. Racial differences in normal values of pulmonary function tests must be considered in both patient care and research. Assessment of risk factors is an important part of COPD management and prevention. An extensive review of data from the National Center for Health Statistics and from other population-based studies confirmed lower lung volumes in blacks

compared to whites. However, the ratio of forced expiratory volume in 1 second to forced vital capacity was not lower in blacks; racial differences in flow rates were inconsistently reported. Thoracic dimensions were smaller in blacks than in whites in healthy populations. The cause and the physiologic and pathophysiologic significance of these racial differences are unknown. Population-based studies in blacks have firmly established only age and cigarette smoking as risk factors for COPD other than asthma. In 1987, 43% of black men aged 45 and older smoked cigarettes compared to only 30% of white men. Further research is needed on racial differences in pulmonary function and the effects of multiple risk factors to enhance understanding of COPD etiology and prevention. More vigorous smoking prevention and cessation efforts should be targeted for blacks by physicians and public health organizations.

Descriptors--Author Keywords: SPIROMETRY; LUNG VOLUME MEASUREMENTS; SMOKING

131. TITLE: Childhood passive smoking, race, and coronary artery disease risk - The MCV twin study

AUTHOR(S): Moskowitz WB (REPRINT); Schwartz PF; Schicket RM

CORPORATE SOURCE: Virginia Commonwealth Univ, Dept Pediat, Div Pediat Cardiol, POB 980543/Richmond//VA/23298 (REPRINT); Virginia Commonwealth Univ, Dept Pediat, Div Pediat Cardiol, /Richmond//VA/23298; Virginia Commonwealth Univ, Dept Biostat, /Richmond//VA/23298

PUBLICATION TYPE: JOURNAL

PUBLICATION: ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE, 1999, V153, N5 (MAY), P446-453

PUBLISHER: AMER MEDICAL ASSOC, 515 N STATE ST, CHICAGO, IL 60610 USA

ISSN: 1072-4710

CURRENT CONTENTS JOURNAL ANNOUNCEMENT: CC CLIN, V42, N22; CC LIFE, V42, N22

LANGUAGE: English DOCUMENT TYPE: ARTICLE

GEOGRAPHIC LOCATION: USA

SUBFILE: CC CLIN--Current Contents/Clinical Medicine; CC LIFE--Current Contents/Life Sciences

JOURNAL SUBJECT CATEGORY: PEDIATRICS; MEDICAL RESEARCH, GENERAL TOPICS;

ABSTRACT: Background: Children with long-term exposure to passive cigarette smoke may be at elevated risk for the development of premature coronary artery disease (CAD).

Objective: To examine how CAD risk factors, exposure to passive smoking, sex, and race are related in pubertal children and to determine if there is an identifiable childhood risk profile (ie, does passive smoking interact with other coronary risk factors to increase the risk of developing premature CAD).

Design: Cohort analytic study.

Setting: The Medical College of Virginia (MCV) Tn in Study, Richmond, Va.

Subjects: Randomly selected twins from 408 11-year-old twin pairs recruited from nearby schools.

Methods: Data collection occurred at 18-month intervals on family and health histories, smoking and alcohol consumption, blood pressure, anthropometrics, and biochemical assays. Data from cohorts of 11-year-olds studied through age 15 years were analyzed by repeated-measures analyses of variance using a mixed modeling approach. Models for high-density lipoprotein cholesterol(HDL-C) included race, sex, passive smoking status, weight, systolic and diastolic blood

pressures, and all interactions.

Results: Passive smoke exposure was greater in white families than in black families. Levels of HDL-C and HDL2-C (HDL subfraction 2 cholesterol) were lower in white children than in black children (visit 1. HDL-C, mean +/- SD, 1.21 +/- 0.20 vs 1.31 +/- 0.26 mmol/L [47.0 +/- 10.1 vs 50.6 +/- 10.1 mg/dL], P less than or equal to .01; HDL2, mean +/- SD, 0.31 +/- 0.18 vs 0.14 +/- 0.19 mmol/L [12.3 +/- 7.0 vs 15.9 +/- 7.4 mg/dL]. P less than or equal to .001). Children with a family history of cardiovascular disease had differences in I-IDL-C levels related to race that were worsened by exposure to cigarette smoke. In these children, HDL-C level was lower in those exposed to passive smoking (visit 1: 1.18 +/- 0.23 vs 1.25 +/- 0.23 mmol/L [45.6 +/- 9 vs 48.2 +/- 9 mg/dL] and visit 4: 0.98 +/- 0.10 vs 1.19 +/- 0.18 mmol/L [37.8 +/- 4 vs 46.0 +/- 7 mg/dL]; P < .001), with white children having lower HDL-C levels than black children (visit 1: 1.12 +/- 0.21 vs 1.36 +/- 0.23 mmol/L [43.2 +/- 8 vs 52.7 +/- 9 mg/dL] and visit 4: 0.97 +/- 0.31 vs 1.01 +/- 0.31 mmol/L [37.6 +/- 12 vs 39.0 +/- 12 mg/dL]; P = .004). In white families, as weight increased, boys exposed to passive smoking showed the greatest decrease in HDL-C level (P < .01 for weight by sex and passive smoking interaction). Risk factors for CAD, such as blood pressure, interacted with HDL-C and these relationships varied by race and sex.

Conclusions: Pubertal children with long-term passive cigarette smoke exposure have lower HDL-C levels. Racial differences in HDL-C levels are related to passive smoke exposure. In children with a family history of cardiovascular disease, interactions exist between passive smoking, HDL-C level, and blood pressure that differ by sex and race. White males exposed to passive smoking who have a family history of cardiovascular disease and higher weights and diastolic blood pressures may be at special risk for premature CAD.

IDENTIFIERS--KeyWord Plus: DENSITY LIPOPROTEIN-CHOLESTEROL; BOGALUSA HEART; CIGARETTE-SMOKING; CARDIOVASCULAR-DISEASE; MYOCARDIAL-INFARCTION; SERUM-LIPOPROTEIN; YOUNG-ADULTS; CHILDREN; BLACK; WHITE

132. TITLE: Ethnic variation in cardiovascular disease risk factors among children and young adults - Findings from the Third National Health and Nutrition Examination Survey, 1988-1994

AUTHOR(S): Winkleby MA (REPRINT); Robinson TN; Sundquist J; Kraemer HC

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PUBLICATION TYPE: JOURNAL

PUBLICATION: JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 1999, V281, N11 (MAR 17), P1006-1013

PUBLISHER: AMER MEDICAL ASSOC, 515 N STATE ST, CHICAGO, IL 60610 USA

ISSN: 0098-7484

CURRENT CONTENTS JOURNAL ANNOUNCEMENT: CC CLIN, V42, N14; CC LIFE, V42, N14

LANGUAGE: English DOCUMENT TYPE: ARTICLE

GEOGRAPHIC LOCATION: USA

SUBFILE: CC CLIN--Current Contents/Clinical Medicine; CC LIFE--Current Contents/Life Sciences

JOURNAL SUBJECT CATEGORY: GENERAL & INTERNAL MEDICINE; MEDICAL RESEARCH, GENERAL TOPICS;

ABSTRACT: Context Knowledge about ethnic differences in cardiovascular disease (CVD) risk factors among children and young adults from national samples is limited.

Objective To evaluate ethnic differences in CVD risk factors, the age at which differences were first apparent, and whether differences remained after accounting for socioeconomic status (SES).

Design Third National Health and Nutrition Examination Survey, 1988-1994,

Setting Eighty-nine mobile examination centers,

Participants A total of 2769 black, 2854 Mexican American, and 2063 white (non-Hispanic) children and young adults aged 6 to 24 years.

Main Outcome Measures Ethnicity and household level of education (SES) in relation to body mass index (BMI), percentage of energy from dietary fat, cigarette smoking, systolic blood pressure, glycosylated hemoglobin (HbA_{1c}), and non-high-density lipoprotein cholesterol (non-HDL-C [the difference between total cholesterol and HDL-C]).

Results The BMI levels were significantly higher for black and Mexican American girls than for white girls, with ethnic differences evident by the age of 6 to 9 years (a difference of approximately 0.5 BMI units) and widening thereafter (a difference of >2 BMI units among 18- to 24-year-olds). Percentages of energy from dietary fat paralleled these findings and were also significantly higher for black than for white boys. Blood pressure levels were higher for black girls than for white girls in every age group, and glycosylated hemoglobin levels were highest for black and Mexican American girls and boys in every age group. In contrast, smoking prevalence was highest for white girls and boys, especially for those from low-SES homes (77% of young men and 61% of young women, aged 18-24 years, from low-SES homes were current smokers). All ethnic differences remained significant after accounting for SES and age.

Conclusion These findings show strong ethnic differences in CVD risk factors among youths of comparable age and SES from a large national sample. The differences highlight the need for heart disease prevention programs to begin early in childhood and continue throughout young adulthood to reduce the risk of atherosclerosis.

IDENTIFIERS--KeyWord Plus: HISPANIC WHITE-CHILDREN; BODY-MASS INDEX; SOCIOECONOMIC-STATUS; DIABETES-MELLITUS; RACIAL-DIFFERENCES; MEXICAN-AMERICANS; BLOOD-PRESSURE; INSULIN; ADOLESCENTS; GROWTH

133. TITLE: ETHNICITY AND CARDIOVASCULAR DISEASE - THE EVANS COUNTY HEART STUDY
AUTHOR(S): HAMES CG; GREENLUND KJ; BERENSON GS (Reprint)
CORPORATE SOURCE: TULANE UNIV, SCH PUBL HLTH & TROP MED, TULANE CTRCARDIOVASC HLTH, 1501 CANAL ST, 14TH FLOOR/NEW ORLEANS//LA/70112 (Reprint); TULANE UNIV, SCH PUBL HLTH & TROP MED, TULANE CTRCARDIOVASC HLTH/NEW ORLEANS//LA/70112
PUBLICATION: AMERICAN JOURNAL OF THE MEDICAL SCIENCES, 1996, V311, N3 (MAR), P130-134
ISSN: 0002-9629
CURRENT CONTENTS JOURNAL ANNOUNCEMENT: CC CLIN, V24, N15; CC LIFE, V39, N15
LANGUAGE: ENGLISH DOCUMENT TYPE: ARTICLE
GEOGRAPHIC LOCATION: USA
SUBFILE: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine

JOURNAL SUBJECT CATEGORY: CLINICAL MEDICINE; GENERAL & INTERNAL MEDICINE

ABSTRACT: A long-term study of diversity between two ethnic groups was developed in Evans County, Georgia. The findings are predicated on the genotypic-phenotypic interactions, with the multitude of environmental factors. The genetic environmental interaction ultimately determines the individual's state of health or disease. For example, coronary heart disease prevalence and incidence rates were extremely low for blacks in Africa and four times lower than whites in rural South Georgia in the 1960s. Excessive hypertension and diabetes mellitus, and greater cerebrovascular disease mortality in black men, is now well known. Blood pressure levels studied in rural Africa were normal and did not rise with age, whereas blacks, conversely, demonstrated twice as much hypertension in South Georgia as whites and demonstrated an inverse relation between education and blood pressure (ie, the lower the education the higher the blood pressure). Cultural adaptation has accelerated hypertensive disease and strokes in blacks, while there remains an excess of atherosclerotic coronary heart disease in white men. Secular trends suggest that coronary heart disease is decreasing among white men but may be increasing in black men. Studies of ethnicity and biracial populations provide important cardiovascular disease associations with clinical risk factor studies.

DESCRIPTORS--Author Keywords: CORONARY HEART DISEASE ; ETHNICITY ; INCIDENCE ; PREVALENCE ; STROKE

IDENTIFIERS--KeyWords Plus: BLACK-WHITE DIFFERENCES; BLOOD-PRESSURE; RISK-FACTORS; RACIAL-DIFFERENCES; CIGARETTE-SMOKING; SOCIAL-CLASS; MORTALITY; CHOLESTEROL; LIPOPROTEIN; MALES

134. TITLE: CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN BLACKS AND WHITES - PULMONARY FUNCTION NORMS AND RISK FACTORS

AUTHOR(S): GILLUM RF

CORPORATE SOURCE: NATL CTR HLTH STAT, OFF ANAL & EPIDEMIOL, PRESIDENTIAL BLDG, RM 1000, 6725 BELEREST RD/HYATTSVILLE//MD/20782 (Reprint)

PUBLICATION: JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION, 1991, V83, N5 (MAY), P393-401

CURRENT CONTENTS JOURNAL ANNOUNCEMENT: CC CLIN, V19, N23

LANGUAGE: ENGLISH DOCUMENT TYPE: ARTICLE

GEOGRAPHIC LOCATION: USA

SUBFILE: SciSearch; CC CLIN--Current Contents, Clinical Medicine

JOURNAL SUBJECT CATEGORY: GENERAL MEDICINE

ABSTRACT: Chronic obstructive pulmonary disease (COPD) and asthma are significant causes of illness and death in blacks. Racial differences in normal values of pulmonary function tests must be considered in both patient care and research. Assessment of risk factors is an important part of COPD management and prevention. An extensive review of data from the National Center for Health Statistics and from other population-based studies confirmed lower lung volumes in blacks compared to whites. However, the ratio of forced expiratory volume in 1 second to forced vital capacity was not lower in blacks; racial differences in flow rates were inconsistently reported. Thoracic dimensions were smaller in blacks than in whites in healthy populations. The cause and the physiologic and pathophysiologic significance of these racial differences are unknown. Population-based studies in blacks have firmly established only age and cigarette smoking as risk factors for COPD other than asthma. In 1987, 43% of black men aged 45 and older smoked cigarettes compared to only 30% of white men. Further research is needed on racial differences in pulmonary function and the effects of multiple risk factors to enhance understanding of COPD etiology and prevention. More vigorous smoking prevention and cessation efforts should be targeted for blacks by

physicians and public health organizations.

DESCRIPTORS--Author Keywords: SPIROMETRY; LUNG VOLUME MEASUREMENTS; SMOKING

135. Title: Effects of serum lipoproteins and smoking on atherosclerosis in young men and women

Author(s): McGill HC (REPRINT) ; McMahan CA; Malcom GT; Oalmann MC; Strong JP

Corporate Source: LOUISIANA STATE UNIV, MED CTR, DEPT PHARMACOL, 1901 PERDIDO ST/NEW ORLEANS//LA/70112 (REPRINT); SW FDN BIOMED RES./SAN ANTONIO//TX/78245; UNIV TEXAS, HLTH SCI CTR/SAN ANTONIO//TX/

Journal: ARTERIOSCLEROSIS THROMBOSIS AND VASCULAR BIOLOGY, 1997, V17, N1 (JAN), P95-106

ISSN: 1079-5642 Publication date: 19970100

Publisher: AMER HEART ASSOC, 7272 GREENVILLE AVENUE, DALLAS, TX 75231-4596

Language: English Document Type: ARTICLE

Geographic Location: USA

Subfile: CC LIFE--Current Contents, Life Sciences

Journal Subject Category: PERIPHERAL VASCULAR DISEASE

Abstract: Atherosclerosis begins in childhood and progresses from fatty streaks to raised lesions in adolescence and young adulthood. A cooperative multicenterstudy (Pathobiological Determinants of Atherosclerosis in Youth [PDAY]) examined the relation of risk factors for adult coronary heart disease to atherosclerosis in 1079 men and 364 women 15 through 34 years of age, both black and white, who died of external causes and were autopsied in forensic laboratories. We quantitated atherosclerosis of the aorta and right coronary artery as the extent of intimal surface involved by fatty streaks and raised lesions and analyzed postmortem serum for lipoprotein cholesterol and thiocyanate (as an indicator of smoking). The extent of intimal surface involved with both fatty streaks and raised lesions increased with age in all arterial segments of all sex and race groups. Women had a greater extent of fatty streaks in the abdominal aorta than men, but women and men had about anequal extent of raised lesions. Women and men had a comparable extent of fatty streaks in the right coronary artery, but women had about half the extent of raised lesions. Blacks had a greater extent of fatty streaks than whites, but blacks and whites had a similar extent of raised lesions. VLDL plus LDL cholesterol concentration was associated positively and HDL cholesterol was associated negatively with the extent of fatty streaks and raised lesions in the aorta and right coronary artery. Smoking was associated with more extensive fatty streaks and raised lesions in the abdominal aorta. Allthree risk factors affected atherosclerosis to about the same degree in both sexes and both races. Primary prevention of atherosclerosis by controlling these adult coronary heart disease risk factors is applicable to young men and women and to young blacks and whites.

Descriptors--Author Keywords: atherosclerosis ; youth ; lipoproteins ; smoking ; sex ; race

Identifiers--KeyWord Plus(R): AMERICAN-HEART-ASSOCIATION; ACUTE CORONARY SYNDROMES; RISK-FACTORS; CARDIOVASCULAR-DISEASE; CHOLESTEROL LEVELS; CIGARETTE-SMOKING; BLOOD CHOLESTEROL; VASCULAR-LESIONS; ARTERY DISEASE; ADOLESCENTS

Research Fronts: 95-0823 002 (TRANSLUMINAL CORONARY ANGIOPLASTY; UNSTABLE ANGINA; ACUTE MYOCARDIAL-INFARCTION; DISEASE PROGRESSION; HISTOLOGICAL CLASSIFICATION OF ATHEROSCLEROSIS)

95-0634 001 (CHOLESTEROL IN SERUM; CONTRACEPTIVE RING RELEASING NORETHINDRONE ACETATE ETHINYL ESTRADIOL; OLEIC ACID-RICH SUNFLOWER OIL; POSTPRANDIAL RESPONSES)

95-0836 001 (LEFT-VENTRICULAR HYPERTROPHY; DOPPLER-ECHOCARDIOGRAPHIC

PULMONARY VENOUS FLOW VELOCITY PATTERN; INTRAVENTRICULAR DISPERSION OF
EARLY DIASTOLIC FILLING)
95-0941 001 (CORONARY ATHEROSCLEROSIS; CHOLESTEROL REDUCTION;
ANGIOGRAPHIC TRIALS; PROGRESSION REGRESSION; CLINICAL EVENTS; SECONDARY
PREVENTION; HMG-COA REDUCTASE)
95-7148 001 (CORONARY HEART-DISEASE RISK; LOWERING CHOLESTEROL; PRIMARY
HYPERCHOLESTEROLEMIA; UNITED-STATES POPULATION)